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Ryan Samsel, *Pro Se*

Inmate Reg. No. 28332509

Metropolitan detention center of Brooklyn

80 space 29th St., Brooklyn, NY, 11232

Date: 6-14-24

Respondent on Petition at Address shown on Petition

U.S. District Court - Eastern District of New York

225 Cadman Plaza E

Brooklyn, NY 11201

U.S. District Court
Eastern District of New York
225 Cadman Plaza E,
Brooklyn, NY 11201

Re: Habeas Petition of Ryan Samsel - Brief of Support Pro Se'

I am writing to submit the attached brief of support on behalf of Ryan Samsel in relation to his ongoing habeas petition. This brief aims to shed light on the urgent medical issues that Mr. Samsel has faced while in custody and the need for immediate attention from this Honorable Court.

Enclosed with this brief is a comprehensive collection of medical records and photographs that provide a detailed account of the medical conditions that Mr. Samsel has endured. These documents highlight the detrimental impact caused by the Federal Bureau of Prisons (BOP) and their failure to address the recommendations made by outside vendors and their own medical professionals.

Of utmost concern is the scheduled surgery that was set to take place on March 11, 2021, for a Glandsectomy, as recommended by Dr. Jared Libman. However, following a brutal assault from correctional staff and subsequent exacerbation of his conditions, Mr. Samsel developed blood clots. Recognizing the severity of the situation, a vein specialist at Jefferson University in Philadelphia, Dr. Melissa Lazar, urgently referred Mr. Samsel for surgery. Regrettably, the BOP was unable to retrieve the necessary blood samples, leading to the denial of surgery at Jefferson.

Furthermore, during Mr. Samsel's time at Lewisburg, Pennsylvania, he was sent to Geisinger for evaluation by a vein specialist and a cancer specialist. Both specialists recommended a double Glandsectomy and a comprehensive blood workup, along with physical rehabilitation. These medical professionals even requested expedited appointments due to the urgency of Mr. Samsel's condition. However, as evident in the enclosed records, the BOP not only denied these requests but outright refused to authorize the surgery that had been approved by the U.S. Marshals, the BOP, and even themselves.

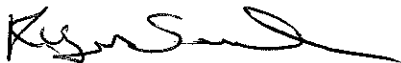
The attached brief of support aims to highlight the BOP's failure to provide adequate medical care and their disregard for the recommendations of qualified medical professionals. It is our contention that Mr. Samsel's continued incarceration without proper medical treatment violates his constitutional rights, particularly his right to receive necessary medical care while in custody.

We respectfully request that this Honorable Court carefully review the enclosed documents and consider the compelling evidence presented. It is our fervent hope that this Court will take immediate action to address the urgent medical needs of Mr. Samsel and ensure that he receives the necessary surgery and medical attention without further delay.

In addition, I, Ryan Samsel, acting pro se, would like to highlight that I possess extensive medical records that can be provided to the Court upon request. However, in order to avoid any confusion or overwhelming the Court with a voluminous amount of documentation, I have included only a select few records that I believe will make the clearest case for the urgent need for medical attention.

Thank you for your attention to this matter. We trust in the fair and impartial administration of justice by this Honorable Court.

Ryan Samsel

A handwritten signature in black ink, appearing to read 'Ryan Samsel', with a long horizontal flourish extending to the right.

Inmate Reg. No. 28332509

Miscellaneous Docket No. _____

United States District Court
for the
Eastern District of New York

In re: Ryan Stephen Samsel, an inmate of the Metropolitan Detention Center Brooklyn, New York, suffering untreated medical emergency

- On Habeas Corpus to the Respondents:
- I. Metropolitan Detention Center Brooklyn
 - II. Federal Bureau of Prisons, U.S. DoJ
 - III. U.S. Marshalls Service
 - IV. Merrick Garland, U.S. Attorney General,
Under the Duties of 42 USC § 1997a

to Provide and Arrange Immediate Emergency Medical Treatment
“Emergency” Ex Parte, Expedited Decision Requested

Ryan Samsel, *Pro Se*
Inmate Reg. No. 28332509
Metropolitan Detention Center of
Brooklyn, at 80 29th Street,
Brooklyn, New York , 11232
Ryan.Samsel@hotmail.com
Telephone: (917) 684 7065

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HABEAS CORPUS

I. INVOKING RIGHT OF HABEAS CORPUS

I ask for an order of habeas corpus that I be released immediately for transport to external physicians or teams or department of physicians who are not under the influence or control of the Respondents.

Because the Respondents have shown that they will relentlessly manipulate the medical process and circumvent administration of vital medical treatment, including the Bureau of Prison Dr. Edlinger reporting being pressured by the Federal Bureau of Investigation to change his report, I do not trust the Respondents to pick capable and uninfluenced physicians. I am researching the New York City area to provide specific names of private physicians, independent of the Bureau of Prisons system, who specialize in the following treatments quickly, including:

- a) Immediate examination and treatment of blood clots, large lumps, and/or tumors that have recently (and continuing over time) appeared in various locations such as my right foot and left arm and two bloody discharging glands in my chest. Immediate examination of my leg which is not functioning to allow me to stand or walk normally.
- b) Oncology specialists concerning glandular growths of the male breasts and blood clots that over time lodged in parts of the body develop abnormal growths that can lead to a cancerous tumor.

- c) Breast cancer doctor as was prescribed by Dr. Melissa Lazar Jefferson of the University Philadelphia for bloody discharge of masses on my chest.
- d) Surgery to remove excess bone growth pinching major blood vessels near the neck and shoulder as a congenital extra, partial rib. This is a life-threatening condition which tends to generate blood clots among other physical deficiencies. However, because of the nature of the cutting of the extra bone at an easy-to-access part of the body the specialists tend to come under the vascular surgery specialty but in no way is this optional or for the sake of appearance. This is not elective surgery, but reconstructive. Without this surgery it is likely that I will eventually die young, and there is also a risk of a debilitating stroke.
- e) Reconstructive surgery by a plastic surgeon to perform a procedure in the vicinity of my heart called a glandsectomy. The glands in my chest, armpit, left arm and neck are all part of a clotting condition. The glands behind my nipples of the male breasts currently discharge blood. This condition happens when the collateral vessels are engorged with blood and have nowhere to escape but the through the drainage of these ducts. A very specific type of surgeon has been recommended to conduct a procedure that to heal this condition this treatment at multiple facilities. Prior to my incarceration, I was prescribed to undergo the glandsectomy

by a plastic surgeon who is skilled in the double glandsectomy procedure.

A plastic surgeon is necessary is not disrupt the extremely delicate collateral vessels surrounding the tissue and vessels returning blood from arm to heart.

I ask for an order of habeas corpus for medical treatment and implementation of medical care previously ordered by my physicians. The Court does not need to decide what medical care I need. Doctors have already done that. But every time doctors schedule surgery, treatment, or other visits, the Respondents transfer me to prevent me from attending. I have been transferred to 19 different correctional facilities 28 times.

I ask for an order of this Court that the Respondent shall not interfere with, impede, hinder, or obstruct my access to unbiased and uninfluenced medical evaluation and diagnoses and whatever treatment doctors order as necessary.

I ask for an order of this Court that the Respondents will stop transferring me to different prisons and jails to prevent me from attending scheduled medical visits, surgery, or other treatment.

I ask for an Order of this Court that the Respondents cease from losing my medical records, medicine prescriptions, and documents from medical staff.

If the Respondents cannot or will not comply, then the Court will need to order my release from incarceration on habeas corpus to allow me to obtain my

own medical care and treatment unrestrained by the Respondents' interference.

II. PETITIONER

A. Petitioner

I, RYAN SAMSEL, of Bristol, Pennsylvania, have emergency medical conditions that require immediate attention and treatment. Some issues date from over 3 ½ years ago. However, the predicted consequences by doctors of blood clots and growths that are likely cancerous are happening right now.

I am currently in the State of New York as Inmate 28332509, Ryan Stephen (Riffert) Samsel, at the Metropolitan Detention Center of Brooklyn, at 80 29th Street, Brooklyn, New York , 11232. I am awaiting sentencing in the U.S. District Court for the District of Columbia. There is no reason for me to be in New York.

I, Ryan Samsel, am submitting this habeas complaint pro se to bring to your attention the violations of my constitutional rights under the 8th and 14th Amendments. I request that this complaint be formatted as a proper legal document with the inclusion of relevant case laws to support my claims.

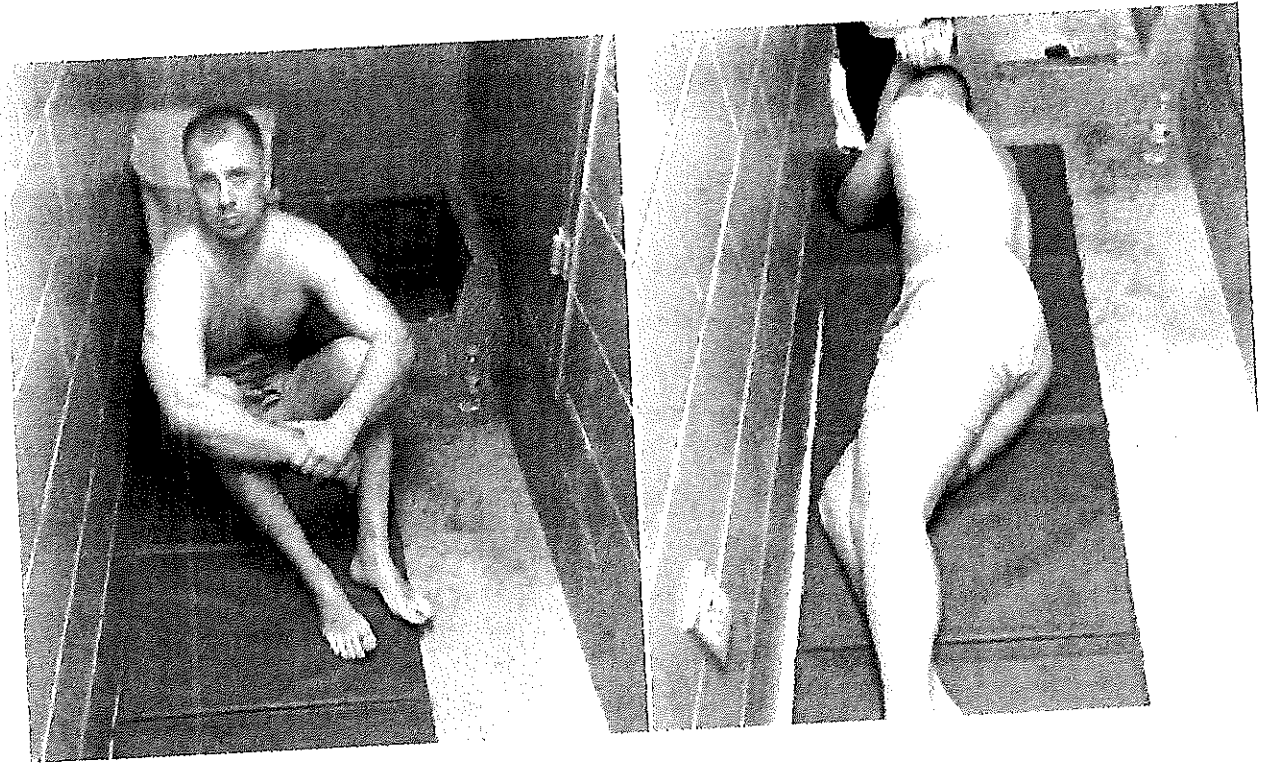
The Respondents are knowingly, intentionally, consistently, and by pattern and practice systematically denying medical treatment to me and many other inmates. My contact information is located within the signature block. (My mother's maiden name is Riffert and until I was adopted by my father, I was also known as Ryan Riffert. My father then legally changed my name to Ryan Samsel.)

The irregular glands in my chest, armpit, left arm and neck are all part of a clotting condition. The glands behind my nipples of the male breasts regularly discharge blood. This condition happens when the collateral vessels, which connect the aorta and the pulmonary artery, become engorged with blood that has nowhere to escape but the through the drainage of these ducts. When collateral vessels become enlarged, blood can flow into the wrong artery and strain the heart. A very specific surgeon has been recommended at multiple facilities and prior to my incarceration this specialist is a plastic surgeon who is skilled in the double glandsectomy. A plastic surgeon was selected to prevent further disruption the extremely delicate collateral vessels surrounding the tissue and vessels returning blood from arm to heart.

Dr Jered Liebman, a plastic surgeon at Einstein Hospital in Philadelphia, was scheduled to conduct the glandsectomy on March 5, 2021. The procedure was approved through a community health care plan and considered non-elective. Mammograms and venograms conducted at the many contracted state facilities confirmed I have developed blood clots, Deep Vein Thrombosis, throughout my chest bilaterally in both arms, that remain untreated. Doctors at Central Regional Virginia Jail again referred me to specialized physicians to undergo a double glandsectomy after confirming through examinations this life-threatening condition. Subsequently, I was transferred to another state contracted medical

facility. Once admitted to the contract facilities I was informed that the medical team could not provide required after care, including drainage lumps and special nighttime pillows for proper drainage of blood back to heart, and was transferred back to the BOP without surgery. Once in the BOP, Dr. Edlinger contacted on his own accord the Honorable Judge Jia Cobb, presiding over my case, and requested a pretrial release due to my serious conditions and new outbreak with shingles and was concerned that cancer, Lymphoma, possibly returned.

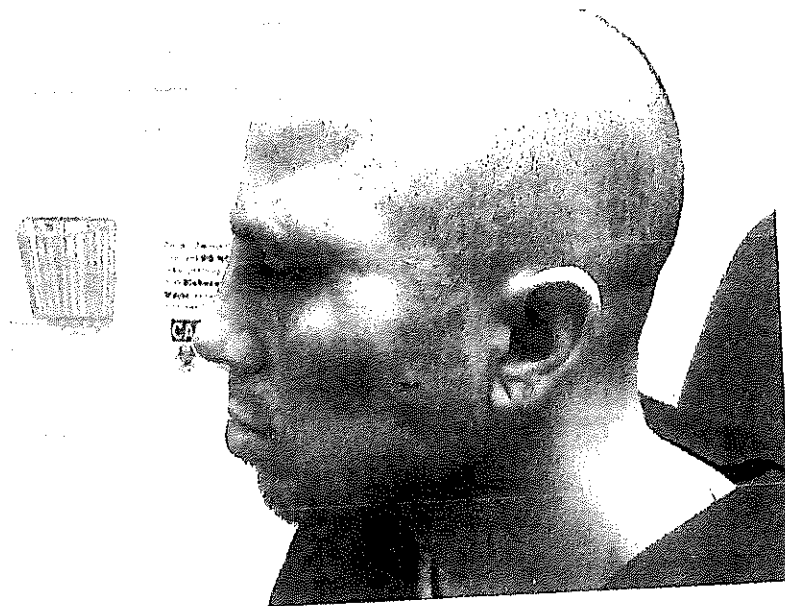
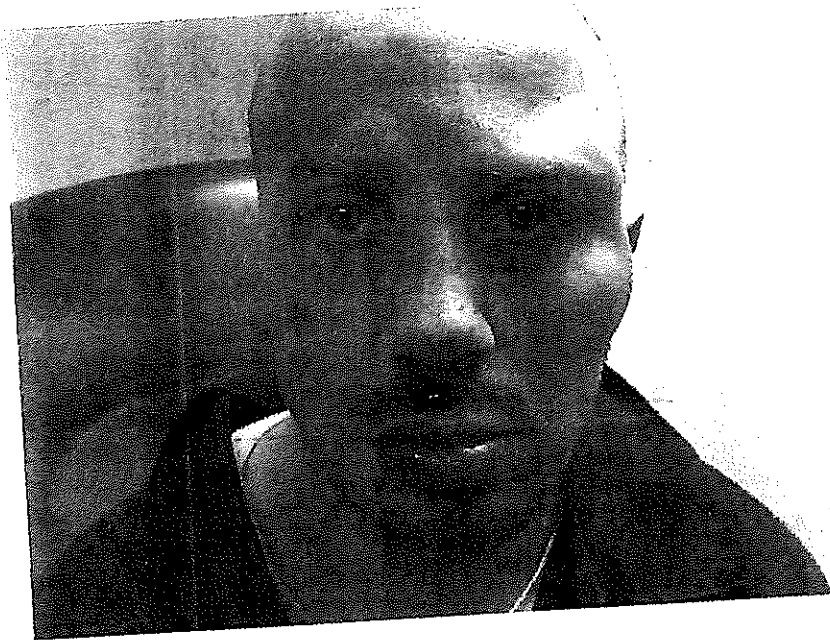
Judge Jia Cobb asked Dr. Edlinger to please change his opinion and send me out to a tertiary hospital. Dr. Edlinger then sent me to Jefferson Philadelphia to see a vascular surgeon. The vascular surgeon immediately noticed lumps in my chest that were discharging blood, marked "urgent" for a breast cancer doctor and referred me to a consultation with Dr. Melissa Lazar. After examination, Dr. Lazar scheduled me for a double glandsectomy procedure. Awaiting the procedure, I was held in a dilapidated cell for months in isolation in FDC Philadelphia. A obtained by media of the conditions in which I was living photograph leaked of me locked in the cell garnered the attention of members of Congress and prompted Judge Cobb to order my return to Lewisburg Penitentiary, pretrial.



Dr. Edlinger sent me to Guy Singer Hospital, in Lewisburg, Pennsylvania. I was evaluated by Guy Singer's medical team. They prescribed me physical rehab for six months and to be seen by plastic surgeons for a double glandsectomy and disagreed with BOP doctor Edlinger and marked for an earlier date than April 2022. I have that report where Dr. Edlinger argues with them. I was later seen by oncologist at Guy Singer for an anti-coagulant study. Dr. Edlinger refused to send me to this appointment with BOPs medical records. Three days before plastic surgery appointment I was transferred to MDC Brooklyn without any of the past follow ups physical rehab or surgical appointments. Therefore, I am requesting an in-network plastic surgical consult as marked "outstanding" in the BOP medical

file here at MDC Brooklyn.

I have been repeatedly brutally assaulted by jail staff. One assault resulted in brain injury and fractured orbital bones, These assaults, I believe, have worsened my my untreated medical problems.





(Ryan Samsel assault pictures)

I am requesting a follow up with vascular surgeon as per every six months prescribed.

I also need an oncologist scheduled every six months due to the lymphedema history and coagulation within vascular system. I would ask these appointments to be made promptly.

B. Interests of Petitioner

I am currently an inmate in the Metropolitan Detention Center of Brooklyn, New York, Reg #: 28332-509. I have been shuffled around to 19 different Federal prisons and State jails under contract to the Federal Bureau of Prisons. At all times my imprisonment has been under the direction of the U.S. Marshall's Service and the Bureau of Prisons sometimes by contracting with State prisons.

Therefore, I am in New York County within the Eastern District of New York, not free to relocate.

However, among many locations I was previously imprisoned in the D.C. Correctional Treatment Facility / District of Columbia Department of Corrections in Washington, D.C. I have been prosecuted in *United States v. Ryan Samsel*, Criminal Case No. 21-188, before the Honorable District Court Judge Jia Cobb.

III. RESPONDENTS

A) COLETTE S. PETERS, DIRECTOR,
FEDERAL BUREAU OF PRISONS
320 First St., NW
Washington, DC 20534
Switchboard Phone: (202) 307-3198
Serve: James Wills, General Counsel

B) METROPOLITAN DETENTION
CENTER – BROOKLYN,
FEDERAL BUREAU OF PRISONS
80 29th Street (Kings County)
Brooklyn, New York 11232
Switchboard: (718) 840-4200
Serve: General Counsel, James Wills
Federal Bureau of Prisons

C) RONALD L. DAVIS, DIRECTOR
U.S. MARSHALLS SERVICE
1215 S. Clark Street
Arlington, Virginia 22202
Switchboard Phone: (202) 307-9100
Serve: Lisa Dickinson, General Counsel

D) MERRICK GARLAND,
ATTORNEY GENERAL

AS HEAD OF THE
U.S. DEPARTMENT OF JUSTICE
950 Pennsylvania Avenue NW
Washington DC 20530
Switchboard Phone: (202) 514-2000

E) THOMAS N. FAUST, DIRECTOR,
DEPARTMENT OF CORRECTIONS
OF THE DISTRICT OF COLUMBIA
3924 Minnesota Avenue, N.E. – 2nd Floor
Washington, D.C. 20019
Switchboard Phone: (202) 698-4932
Serve: Andrew Mazzuchelli
Deputy General Counsel
Office: (202) 671-2064

IV. EXPEDITED, EX PARTE REVIEW REQUESTED

Expedited / Emergency treatment is requested.

Ex Parte consideration of as many of the specific requests I list below as the

Court believes it can accommodate is requested.

**V. HABEAS CORPUS FILED *PRO SE* BY ME IN MY NAME,
AT MY DIRECTION**

I have previously issued my Power of Attorney without limitation to my life-long family friend. With regard to this particular situation and this legal filing, I have instructed my signature to be signed and affixed to this Petition in my name on my instructions. This Petition is my filing in my name. However, because I am incarcerated in the METROPOLITAN DETENTION CENTER of BROOKLYN and I am improperly confined in solitary confinement and frequently similarly confined on the lockdowns of the prison, often, for unexplained reasons, I am unable to properly document grievances. I have been repeatedly denied by jail staff legal calls with my attorney and mitigation consultants while my attorney and mitigation were erroneously informed by jail staff that I was canceling the calls. My attorney advised me to fill out a medical slip, however, I cannot wander over to the "business center." I am on the eighth floor in a high-rise building in the back corner cell, literally in a corner. The call button either does not work, is turned off or is ignored by prison staff.

VI. STATEMENT OF FACTS RELEVANT TO THIS PETITION

I, RYAN SAMSEL, of Bristol, Pennsylvania, have had emergency medical issues since 2015 when doctors discovered I suffer from Bilateral Neurogenic Thoracic Outlet Syndrome. I have been waiting almost 3 ½ years for previously scheduled critical surgery from before I was arrested on January 29, 2021 for

protesting at the Save America protest at the United States Capitol on January 6, 2021. This includes one surgery for March 5, 2021, at Einstein Healthcare Network, now part of Jefferson Health, near Philadelphia (Elkins Park).

I was also medically evaluated among other occasions on December 7, 2020, at Penn Medicine, 301 South Eighth Street, Philadelphia, Pennsylvania.

I am formerly a martial arts fighter and as a hobby a personal trainer. At 40 years old, I should be in good health and fit, but for the medical conditions at issue.

The Bureau of Prisons and its subcontractors employed in the Metropolitan Detention Center Brooklyn and the Washington DC Correctional Treatment Facility, (Department of Corrections of Washington, D.C.) have systematically denied my necessary medical care for three years and four months. Physicians that have examined the tumors and blood clots on my body in every jail that I had been fortunate to be granted medical examination, *when often I could not get medical examinations*, informed the jail staff that I “urgently” need surgery and warned my conditions, left untreated, threaten severe risk of further medical problems and life-threatening complications, including clots and cancer.

Doctors warned that I would develop more tumors, resulting in vascular and lymphatic damage. This month, several large aching lumps have surfaced on the back of my neck. Last November, debilitatingly painful tumors, that are likely blood clots, surfaced in my foot and leg and remain untreated. Left untreated the

blood clots develop into fibroids, impairing my blood circulation.

The surgeon told me before my arrest, "You need surgery and we need a biopsy ... before you start to get more lumps."

Today, three and a half years later, as I file this, within the last few weeks as of this filing, *I have four more lumps*, like he said I would.

The photograph attached below showcases one of the potentially malignant masses.



For weeks, I have pleaded for assistance from prison guards to get to an emergency room immediately after strange lumps surfaced on the back of my neck

and after striking pain that has reemerged from the untreated mass on my leg that emerged nearly a year ago. An adequate medical examination can determine whether the new lumps are benign or malignant tumors or blood clots.

Currently, at this time, I can't walk. I'm in so much pain. My leg is swollen, where I had the blood clot — it's real stiff, where my ankle is. You can feel there is something in there. When I walk it hurts. I filed a medical grievance with the Metropolitan Detention Center of Brooklyn.

The primary condition of several with which I am diagnosed, Venous Thoracic Outlet Syndrome (VTOS), impairs the subclavian vein. It may also be described as a variation bilateral thoracic outlet syndrome, a condition that causes me to develop blood clots. In VTOS or BTOS, one has a squeezed (compressed) vein in the thoracic outlet. This interferes with the normal flow of blood. People with VTOS often have arm soreness, swelling or discoloration. Another name for VTOS is Paget-Schroetter Syndrome (PSS).

In my case, the clotting is caused in whole or in part by an abnormal excess bone growth that pinches the veins and arteries. In effect, I have a small, partial, additional rib bone of less than full size that contributes to pinching the blood vessels near my neck. Therefore, surgery to remove the abnormal excess bone segment is a medical necessity to eliminate or greatly reduce an otherwise life-long constant risk of blood clots. On the other hand, the prescribed surgery is a clear,

understandable, precise, unmistakable action in which the problem can be directly addressed with certainty.

Over time if not treated, the clots become muscular tumors or fibroids. I now live with golf-ball-sized lumps on my body as I continue to develop more and more blood clots.

I have already asked guards for help and on May 27 I submitted a medical slip, as instructed by my attorney. Prison guards have yet to escort me to the emergency room.

Legal Nurse Consultant Wendo Olson , RN, MSN-RA cautioned Honorable US District Federal Judge Jia Cobb in Washington, D.C. about the lethality of the blood clots that are accumulating throughout my body in her November 2022 letter.

“As a frontline nurse, I have witnessed the positive and negative outcomes of patients who develop blood clots. When blood clots are identified and immediately treated with medications, the life expectancy of a patient will increase. When a patient is denied medical treatment for a blood clot, it could lead to stroke or pulmonary embolus in the lungs, both easily resulting in death,” Olsen wrote. “Once a blood clot is identified it *has* to be treated or you don’t know when it can move and result in the death of your patient.”

November 30, 2022

The Honorable Jia M. Cobb

US District Court for the District of Columbia

E. Barrett Prettyman U.S. Courthouse

333 Constitution Avenue, NW

Washington, D.C. 2001

(202) 354-3560

RE: Ryan Samsel (28332-509) Request intervention for life saving medical care

Judge Cobb:

My name is Wendy K. Olson. I am a Registered Nurse. I hold a Master of Science in Nursing. I am also a graduate of Loyola University-Chicago with a Master in Bioethics and Healthcare Policy. After years of public service on the frontlines of healthcare, I am a fulltime Legal Nurse Consultant.

I am writing on behalf of Ryan Samsel and his need for life saving medical care. On March 21, 2021, Ryan was brutally assaulted. He sustained numerous injuries to his head which has resulted in loss of vision to his right eye, and seizures. He no longer has the use of his left arm and sustained severe injuries to his mouth which will require dental surgery. Instead of receiving medical treatment, Ryan was relocated to another prison. The withholding of medical treatment has now resulted in the formation of a blood clot in which he is not receiving treatment. As a frontline nurse, I have witnessed the positive and negative outcomes with patients who develop blood clots. When blood clots are identified and immediately treated with medications the life expectancy of a patient will increase. When a patient is denied medical treatment for a blood clot it can lead to stroke, or pulmonary embolus in the lungs both easily resulting in death. I ask that you intervene on behalf of Ryan Samsel to allow him to receive life sustaining medical treatment. I humbly ask that you use your authority and humanity to prevent Ryan from being 1 of the 100,000 Americans who die yearly from blood clots.

Respectfully,

Wendy K. Olson RN, MSN-MA

Bioethicist- Legal Nurse Consultant

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U.S. Department of Justice
United States Marshals Service

Medical Submission

3-17-21
Supp.docx

NON-EMERGENCIES: Prior to seeking outside medical attention for a prisoner, complete this form and email or fax it to the USMS district office. USMS will notify you of approval or denial of the request. EMERGENCIES: Obtain treatment and notify USMS by emailing or faxing this form to the USMS district office within 24 hours.

PRISONER DETAILS

Last Name	First Name	Date of Birth	USMS #
SAMSEL	RYAN	09/03/1983	28332-509
Facility Name Central Virginia Regional Jail			

MEDICAL POINT OF CONTACT

Title	Last Name	First Name
RN, BSN, CDN	Lewis	
Type of Contact	Phone Number	Extension
Medical		x834
Phone Number	Extension	Email Address

SUBMISSION INFORMATION

MEDICAL View Medical Submission Addendum

S	
Specialty	
Physical Medicine/Rehabilitation Service	
Physical therapy to regain loss of strength and extend ROM to the left arm.	
Specialty	

HHSHealthSystem Page

11/1/2021

13

Notification e

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Serious Illness or Terminal Illness

Notification

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Notification

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Comments

Physical therapy was recommended by UVA Vascular clinic during appointment 8/5/21.

Every submission should include supporting medical documentation. * Note: USMS pays no more than Medicare rates.

Venogram was done on August 5, 2021, for the left upper extremity, with the following Report:

Dominant drainage of the right upper extremity is via the cephalic vein draining into prominent collateral veins in the right neck.

2. Diminutive right subclavian, axillary and proximal brachial veins with chronic appearing stenoses and synechiae throughout are seen best on the abduction imaging.

3. Occlusion of left axillary and subclavian veing. There is venous drainage of the left upper extremity through numerous collaterals in the left chest. The left brachiocephalic vein is patent.

4, Venous drainage of the left upper extremity via prominent collaterals is decreased with arm abduction.

Current meds:

Current Outpatient Medications

Medication

• Hydrocodone 5/500 MG Take 500 mg by mouth every 6 hours as needed for pain. Take with food

• Omeprazole 20 MG TBEC Take 20 mg by mouth as needed.

No current facility-administered medications for visit.

PrNdm8/11/21 920 AM

PrNdm8/11/21 920 AM

-2-

Comorbldldew

enlarged lymph nodes left axillat stomach and back of neck, and groin Aug, 2015

- Elevated Serum Creatnine Aug. 2015
- Multiple nasal bone fractures, right sided
- offtal fractures .orbitai nerve (right) damage, loss of vision in eye
- Upper extremity varicosities

No past medical history on file.

Pue2

PrNdm8/11/21 920 AM

Nevertheless, the BOP system has tried to block my medical treatment.

Undergoing the surgery, a simple vascular procedure, will help reduce the obstruction to my blood vessels, prevent my blood from clotting and save my life. Removing the obstruction compressing a vein or artery is a medical necessity because of the unacceptable risk of blood clots leading to stroke, pulmonary embolus in the lungs, both easily resulting in death and disability. It is not optional in any way. It is to save my life.

VII. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have exhausted administrative remedies. I have pleaded with jail staff to obtain medical care in a variety of ways.

Prior to being detained in MDC Brooklyn, the staff at the DC Correctional Treatment Facility were asked by my attorney to comply with a government-

allotted 30-day deadline to avail grievances I repeatedly and diligently filed to see a surgeon. Rather than facilitating my request, I was transferred by US Marshals for the 28th time to the 19th correctional facility. Most of these transfers occurred shortly after doctors confirmed that I needed two surgeries and other treatment. The transfers appear to clearly be timed and arranged to prevent me from getting the medical care that doctors ordered. My medical records were usually lost during most of these transfers, so that the next facility had no information about my medication requirements or scheduled surgeries.

However, I am barely able to walk because the severe chronic pain in my leg, from the untreated blood clot, and I am prohibited from exiting my cell for extensive period of time, which further impedes with my blood circulation. This is an over-crowded, under-staffed gang-ridden, dangerous prison. I am frequently in solitary or confined to my cell in "lock down" without a call button while reliant on the lackadaisical prison staff in a prison notoriously indifferent to inmates' medical emergencies. I could be trapped in my cell for more than a day without interacting with a correctional officer while ill or screaming for help. It's *dangerous* here. It's *literally dangerous*.

It was suggested that I fill out a "medical slip," which I eventually did. However, the reader may not understand. This is not a cruise ship or a nursing home. I cannot just wander over to the nurse's office. I have tried to get attention

to request medical examination and treatment by trying to get assistance from correctional officers in the prison. This has been routinely unsuccessful.

I have been requesting medical treatment for over 41 consecutive months for the same underlying problems. Every time doctors confirm that I have an urgent need for surgery and other treatment and medication to avoid life-threatening consequences, the Bureau of Prisons moves me to a different facility.

I want to clarify that I have routinely been denied access to medication such as blood thinners ordered by physicians, apparently on the excuse or pretext that each new facility had no documentation of my medical conditions or needs. Later, my family, my criminal defense attorney and I have, through great efforts, assembled most or all of my extensive relevant medical records. I kept informing the staff that I was supposed to be receiving medication. But the prisons refused to provide me with medication – even when offered by my friend and Power of Attorney to the jail – saying they had no records for it.

VIII. ASSIGNMENT OF THIS CASE TO RELATED CASES

Similar matters are pending before the Honorable Jesse M. Furman, U.S. District Court Judge, in this Eastern District of New York, such as memorialized in *United States v. Gustavo Chavez*, U.S. District Court for the Eastern District of New York, Criminal Case No. 22-cr-303 (JMF), Amended Order and Opinion, filed January 4, 2024, at ECF Dkt. # 32.

For judicial economy, maximum comprehension of issues already known to Judge Furman, and the best opportunity for Petitioner's rights and relief, Petitioner asks the Clerk and Chief Judge to assign this Petition to Judge Furman.

Not only will this best facilitate consideration of this Petition, but it would also serve the Court's interests in its on-going investigations into cruel and unusual treatment of inmates housed in the notoriously dilapidated facility. This Court should be clearly notified that despite Metropolitan Detention Center Brooklyn's problems – chronic medical deprivation, a critical shortage of staff, inedible maggot-infested food, dilapidated conditions – chronicled by Judge Furman, the Honorable Judge LaShann DeArcy Hall and others, the Respondents transferred me TO one of the most crowded, troubled and dangerous prisons in the United States. My criminal litigation has no connection whatsoever with the Eastern District of New York although I am physically incarcerated here. I have no pending court business in the E.D.N.Y. There was no logical reason to move me here, where this Court has raised concern about the continued criminal malfeasance amongst the Bureau of Prison staff surrounding medical deprivation and the heinously unsanitary conditions at MDC Brooklyn. The deliberate indifference of jail staff and administrators in tandem with the Department of Justice to my serious health matters is a flagrant violation of the Eight Amendment of the Constitution which protects prisoners from cruel and unusual punishment.

However, it is important for Judge Furman and others endeavoring to safeguard the medical rights of inmates in MDC Brooklyn to know that the Respondents moved me and another Jan. 6 defendant, Jake Lang, in March from a less crowded prison in Washington, D.C. to a dramatically more crowded prison in Brooklyn, New York despite it being under investigation by Judges of this Court for the hazardous conditions and torture of inmates.

This sounds like contempt of court. Responding to concerns by this Court, the Respondents have ADDED inmates to MDC-Brooklyn who have no reason to be in New York. Given the concerns documented by judges of this Court, the Respondents should be transferring inmates out of MDC-Brooklyn to less crowded jails in other parts of the country, including State jails and prisons that BOP commonly contracts with.

The depravity within MDC Brooklyn, within the jail system in which a high-profile inmate allegedly killed himself, has been publicized by major news organizations including The New York Daily News. The Honorable Brooklyn Federal Court Judge Dora Irizarry described Brooklyn's Metropolitan Detention Center as "contemptuous of human life and dignity" after MDC staff defied her order to send an inmate with a severe contagious infection to a medical facility.

On October 13, 2021, the Honorable District Court Judge Royce C. Lamberth found the D.C. Jail – serving the Federal Bureau of Prisons under

contract – in contempt of court for the same issue as here, involving a different January 6 Defendant incarcerated there.¹

As a Writ of Mandamus, a venerable, long-serving District Court Judge has already found the treatment and medical neglect of inmates in the custody of the Bureau of Prisons to be contempt of court from previous proceedings.

Therefore, this Petition is almost in the nature of an Order to Show Cause why the Bureau of Prisons should not be found in further contempt.

In *United States v. Christopher Worrell*, Case No. 1:21-cr-292-RCL, Judge Lamberth ordered (attached):

ORDER

For the reasons stated in open court, it is **ADJUDGED** that the Warden of the D.C. Jail Wanda Patten and Director of the D.C. Department of Corrections Quincy Booth are in civil contempt of court. The Clerk of the Court is **ORDERED** to transmit a copy of this order to the Attorney General of the United States for appropriate inquiry into potential civil rights violations of January 6 defendants, as exemplified in this case. Assistant United States Attorney William K. Dreher can provide appropriate records from this case.

Also note that Judge Lamberth's Order was not limited to just one inmate but requested "inquiry into potential civil rights violations of January 6 defendants, as exemplified in this case." That is, many Defendants not just one.

¹ Much of this issue was handled in oral argument or under seal.

IX. GOVERNING LAW OF HABEAS CORPUS

Incarcerating a person deprived of their liberty, including the liberty to seek and obtain medical care without restriction, imposes a duty on the Respondents to provide and arrange the medical care that a Defendant would obtain on his own but for the interference of the Respondent's incarcerating him. Depriving a person of health or medical care which they would normally obtain for themselves, but cannot, is a violation of the Eighth Amendment prohibition of cruel and unusual punishment, as well as a deprivation of civil and constitutional rights under the Fourteenth Amendment and even in this narrow sense the Fifth Amendment prohibition against deprivation of life, liberty, or property without due process of law.

1. *Farmer v. Brennan*, 511 U.S. 825 (1994): This case law establishes that deliberate indifference to a prisoner's serious medical needs violates the Eighth Amendment's prohibition on cruel and unusual punishment. It recognizes that prison officials have a duty to provide adequate medical care to inmates.

2. *Estelle v. Gamble*, 429 U.S. 97 (1976): In this case law, the Supreme Court held that deliberate indifference to an inmate's serious medical needs constitutes cruel and unusual punishment under the Eighth Amendment.

3. *Youngberg v. Romeo*, 457 U.S. 307 (1982): This case law recognizes that the Fourteenth Amendment's due process clause is offended by failure to provide

necessary medical care.

4. *Brown v. Plata*, 563 U.S. 493 (2011): This case law establishes that overcrowding and inadequate medical care in prisons can constitute cruel and unusual punishment in violation of the Eighth Amendment.

5. *Rhodes v. Chapman*, 452 U.S. 337 (1981): In this case law, the Supreme Court held that conditions of confinement that deprive prisoners of the minimal civilized measure of life's necessities may violate the Eighth Amendment.

6. *Wilson v. Seiter*, 501 U.S. 294 (1991): This case law clarifies that deliberate indifference to the serious medical needs of prisoners can be shown by evidence that prison officials disregarded a known risk of harm to an inmate's health.

7. *Helling v. McKinney*, 509 U.S. 25 (1993): In this case law, the Supreme Court ruled that prison officials have a duty to protect inmates from substantial risks of serious harm, including risks posed by environmental conditions.

8. *Hudson v. McMillian*, 503 U.S. 1 (1992): This case law establishes that excessive force against prisoners can violate the Eighth Amendment's prohibition on cruel and unusual punishment.

9. *Hope v. Pelzer*, 536 U.S. 730 (2002): In this case law, the Supreme Court held that the use of excessive force against a prisoner, even if not motivated by a desire to cause harm, can still constitute cruel and unusual punishment.

10. *Monell v. Department of Social Services*, 436 U.S. 658 (1978): This case law establishes that a municipality can be held liable for constitutional violations committed by its employees if those violations result from the municipality's policy or custom.

11. *Whitley v. Albers*, 475 U.S. 312 (1986): In this case law, the Supreme Court recognized that prison officials have broad discretion in their use of force, but excessive force that is not necessary to maintain order and discipline may violate the Eighth Amendment.

As one Court of Appeals made clear:

PER CURIAM:

Appellant, an inmate of Washington State Penitentiary, brought this action under the Civil Rights Act (42 U.S.C. §§ 1981, 1983, 1985), alleging that he suffered from histoplasmosis (a form of tuberculosis) and that the refusal of appellees, who are prison officials, to treat his condition violated his constitutional rights. The district court dismissed the complaint without ordering service of process or holding a hearing. It rested its action upon the ground that the prison physician has "complete professional autonomy" in treating his patients.

While it is true that prison medical officials have wide discretion in treating prisoners (*Snow v. Gladden*, 338 F.2d 999, 1001 (9th Cir. 1964), it is also well recognized that the failure or refusal to provide medical care may violate the Fourteenth Amendment. *Stiltner v. Rhay*, 371 F.2d 420, 421 n. 3 (9th Cir. 1967), and authorities cited. Under this rule, the complaint was not insufficient on its face and should not have been dismissed without issuing process and hearing the parties. *Harmon v. Superior Court*, 307 F.2d 796, 798 (9th Cir. 1962). The procedural rights of a prisoner in a case such as this are detailed

in *Armstrong v. Rushing*, 352 F.2d 836, 837 (9th Cir. 1965).

Riley v. Rhay, 407 F.2d 496, 496-497 (9th Cir. 1969)

Furthermore, I suggest that there is severe legal error in the flippant and archaic idea that society does not expect that prisoners will have unqualified access to health care or to the medical treatment of their choosing. A convicted person can be punished by incarceration for a period of time and even in the past enforced labor. However, physical torment and torture cannot be seen as in the same category nor tolerated. Loss of liberty is one thing. Physical torture is another and is the reason the Eighth Amendment was ratified to prohibit cruel and unusual punishment.

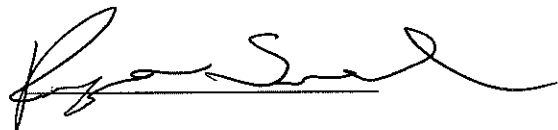
X. CONCLUSION AND PRAYERS FOR RELIEF

I ask that the Court order the Respondents to fulfill their non-discretionary responsibilities and cooperate in good faith and to the maximum extent possible in the unhindered, uninfluenced medical evaluations of external, independent doctors and the implementation of those doctor's orders.

While I believe that my friends can raise the modest funds I have been told for early intervention of these problems as donations, costs will obviously increase astronomically if I am not treated before my conditions deteriorate.

Dated: June 13, 2024

Respectfully submitted,

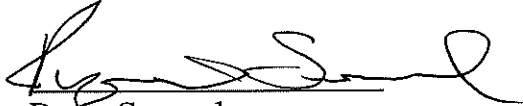
A handwritten signature in black ink, appearing to read "Ryan S. Smith", with a horizontal line drawn underneath the name.

Ryan Samsel, *Pro Se*
Inmate Reg. No. 28332509
Metropolitan Detention Center of
Brooklyn, at 80 29th Street,
Brooklyn, New York , 11232
Ryan.Samsel@hotmail.com
Telephone: (518) 510 8895

CERTIFICATE OF COMPLIANCE

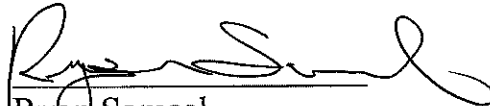
I certify that this petition complies with the word limitations of under 7,800 words of Fed. R. App. 21(d), and that this petition complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type of style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word in 14-point Times New Roman style.

The body of the Petition is 4,279 words out of the allowable 7,800 words maximum.


Ryan Samsel

CERTIFICATE OF SERVICE

I hereby certify that on June 11, 2024, I will cause a copy of this Petition and related documents to be sent without the summons to all Respondents by email and/or Fax. Also, when the Clerk has issued a Summons, I will promptly arrange service of process of the Summons plus Petition upon the Respondents according to the . In the meantime, my Power of Attorney in Fact is providing an extra, early courtesy copy to the Respondents while waiting for the summons.


Ryan Samsel

CIVIL COVER SHEET

JS 44 (Rev. 03/24)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Ryan Samsel
In Re: Ryan Samsel

(b) County of Residence of First Listed Plaintiff Bucks County, Penn.
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Pro Se, Inmate 28332-509, MDC 80 29th St, Brooklyn,
NY 11232 (518) 510 8895 Ryan.Samsel@hotmail.com

DEFENDANTS

COLETTE S. PETERS, Dir., FEDERAL BUREAU OF
PRISONS 320 First St., NW Washington, DC 20534
County of Residence of First Listed Defendant Dist. of Columbia
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

Breon Peace, U.S. Attorney, 271 Cadman Plaza East,
Brooklyn NY 11201 (718)254-7000 / (718)254-7508 fax

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- (For Diversity Cases Only)
- | | | | | | |
|-----------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------------------------------|--------------------------------|--------------------------------|
| Citizen of This State | PTF <input type="checkbox"/> 1 | DEF <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | PTF <input type="checkbox"/> 4 | DEF <input type="checkbox"/> 4 |
| Citizen of Another State | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	REAL PROPERTY	PERSONAL INJURY	CIVIL RIGHTS	PRISONER PETITIONS	FORFEITURE/PENALTY	LABOR	IMMIGRATION	BANKRUPTCY	INTELLECTUAL PROPERTY RIGHTS	SOCIAL SECURITY	FEDERAL TAX SUITS	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence		<input type="checkbox"/> 740 Railway Labor Act		<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 863 DIWC/DIWW (405(g))		<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 443 Housing/Accommodations	<input type="checkbox"/> 530 General		<input type="checkbox"/> 751 Family and Medical Leave Act		<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 864 SSID Title XVI		<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty		<input type="checkbox"/> 790 Other Labor Litigation		<input type="checkbox"/> 880 Defend Trade Secrets Act of 2016	<input type="checkbox"/> 880 Defend Trade Secrets Act of 2016	<input type="checkbox"/> 865 RSI (405(g))		<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> 791 Employee Retirement Income Security Act						<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)		<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 448 Education	<input checked="" type="checkbox"/> 560 Civil Detainee - Conditions of Confinement								<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits		<input type="checkbox"/> 355 Motor Vehicle Product Liability										<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits		<input type="checkbox"/> 360 Other Personal Injury										<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract		<input type="checkbox"/> 362 Personal Injury - Medical Malpractice										<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability												<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise												<input type="checkbox"/> 495 Securities/Commodities Exchange

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
All Writs Act, 28 U.S.C. § 1651; Eighth Amendment prohibition against cruel and unusual punishment (untreated medical emergency)

Brief description of cause:
Writ of Mandamus for transport to hospital for diagnosis and treatment regarding blood clots, painful bumps — MDC refusal to allow medical

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint
JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

Jesse M. Furman, US v. Gustavo Chavez

DOCKET NUMBER No. 22-cr-303

SIGNATURE OF ATTORNEY OF RECORD

Ryan Samsel, Pro Se, Signed by Direction

DATE

June 3, 2024

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

CERTIFICATION OF ARBITRATION ELIGIBILITY

Local Arbitration Rule 83.7 provides that with certain exceptions, actions seeking money damages only in an amount not in excess of \$150,000, exclusive of interest and costs, are eligible for compulsory arbitration. The amount of damages is presumed to be below the threshold amount unless a certification to the contrary is filed.

Case is Eligible for Arbitration ☐

I, _____, counsel for _____, do hereby certify that the above captioned civil action is ineligible for compulsory arbitration for the following reason(s):

☐
☐
☐

monetary damages sought are in excess of \$150,000, exclusive of interest and costs,

the complaint seeks injunctive relief,

the matter is otherwise ineligible for the following reason

DISCLOSURE STATEMENT - FEDERAL RULES CIVIL PROCEDURE 7.1

Identify any parent corporation and any publicly held corporation that owns 10% or more of its stocks:

RELATED CASE STATEMENT (Section VIII on the Front of this Form)

Please list all cases that are arguably related pursuant to Division of Business Rule 3 in Section VIII on the front of this form. Rule 3(a) provides that "A civil case is 'related' to another civil case for purposes of this guideline when, because of the similarity of facts and legal issues or because the cases arise from the same transactions or events, a substantial saving of judicial resources is likely to result from assigning both cases to the same judge and magistrate judge." Rule 3(a) provides that "A civil case shall not be deemed 'related' to another civil case merely because the civil case involves identical legal issues, or the same parties." Rule 3 further provides that "Presumptively, and subject to the power of a judge to determine otherwise pursuant to paragraph (b), civil cases shall not be deemed to be 'related' unless both cases are still pending before the court."

NY-E DIVISION OF BUSINESS RULE 1(d)

- 1.) Is the civil action being filed in the Eastern District removed from a New York State Court located in Nassau or Suffolk County? ☐ Yes ☒ No
- 2.) If you answered "no" above:
 - a) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in Nassau or Suffolk County? ☐ Yes ☒ No
 - b) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in the Eastern District? ☒ Yes ☐ No
 - c) If this is a Fair Debt Collection Practice Act case, specify the County in which the offending communication was received:

If your answer to question 2 (b) is "No," does the defendant (or a majority of the defendants, if there is more than one) reside in Nassau or Suffolk County, or, in an interpleader action, does the claimant (or a majority of the claimants, if there is more than one) reside in Nassau or Suffolk County? ☐ Yes ☒ No
 (Note: A corporation shall be considered a resident of the County in which it has the most significant contacts).

BAR ADMISSION

I am currently admitted in the Eastern District of New York and currently a member in good standing of the bar of this court. ☐ Yes ☒ No

Are you currently the subject of any disciplinary action (s) in this or any other state or federal court? ☐ Yes (If yes, please explain) ☒ No

I certify the accuracy of all information provided above.

Signature: _____

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Edinger, Andrew MD/CD		Facility: LEW
Note Date: 11/21/2022 13:36			Unit: C02

Review Note - Consultation Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Edinger, Andrew MD/CD

Consultation documents reviewed. I appreciate Vascular surgery's insights. They believe that the time duration and the formation of collateral venous return is such that surgery is not likely to be of further benefit in attempting to restore venous return from either arm. They believe that the majority of his complaints a neuropathic in nature. They did not have the benefit of an EMG to ascertain whether or not his symptoms were from neurogenic thoracic outlet syndrome. They raised two concerns regarding his status:

1. The need for lifetime anticoagulation
2. Possible malignancy of the left breast

I acknowledge that there is a possible need for lifetime anticoagulation. I have not seen in any records that a hypercoagulable work-up was ever done. Again, I do not have the benefit of "complete" medical records on him. Thus, it is prudent to acquire a hematology consult and further recommendations. I will place this request.

As to the concern of malignancy, I doubt that this is the case. Inmate Samsel had an evaluation for gynecomastia in 2018. The documentation of that visit is consistent with the findings that he has now. The breast masses have not changed dramatically in size to be consistent with a malignancy. He reports having bloody nipple drainage. To the best of my knowledge, this has not been witnessed by a medical professional. If he had a primary breast malignancy causing a hypercoagulable condition and DVT in his leg several years ago, then this malignancy would have grown significantly without treatment and would be grossly notable by now. This is not the case.

It is my contention that much of his breast pain is due to the vascular engorgement in his left chest. I suspect that this same engorgement is the cause of his reported bloody nipple drainage. The vascular surgeon has requested a sooner appointment to evaluate this because of the concern of a primary breast cancer, and its potential to cause/aggravate a hypercoagulable state. I concur that a primary breast cancer can be of concern for a hypercoagulable condition. However, he has seen multiple physicians and has had extensive evaluations over the past 2 years. The breast findings have not changed significantly during this time. Also, during this interval, his complaints have been an ever-changing process. He keeps bringing up new and different symptoms. He has a history of embellishing his reporting to the press to garner attention. I believe that he is similarly doing this now.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Hematology	01/31/2023	01/31/2023	Routine	No	

Subtype:

Hematology

Reason for Request:

Inmate is a 39 y.o. male with a history of bilateral thoracic outlet syndrome. He has bilateral subclavian vein occlusions with collateral flow. A past venogram of his LUE showed a clot in the cephalic vein as well. He has a reported history of a DVT in his right leg in the past. He was treated with Apixaban for these problems in 2018. This request is for recommendations on further testing for a hypercoagulable work-up as well as recommendations on further anticoagulation.

Provisional Diagnosis:

Generated 11/21/2022 14:20 by Edinger, Andrew MD/CD

Bureau of Prisons - LEW

Page 1 of 2

RECEIVED IN AND SE OFFICE
FBI 19 24 PMZES
03:24 PMZ ST 73P

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Edinger, Andrew MD/CD	Facility:	LEW	Unit:	C02
Note Date:	11/21/2022 13:36						

Thoracic outlet syndrome; bilateral gynecomastia; possible hypercoagulable condition

Other:

I am proceeding with further work-up regarding the hypercoagulable condition. He has a pending consult with plastic surgery for the gynecomastia. Because I suspect that the malignancy is not likely, I am not pressing to have plastic surgery see him sooner. If vascular surgery chooses to press their own plastic surgery service to accomplish it, then they can proceed.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Edinger, Andrew MD/CD on 11/21/2022 14:20

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Hartzel, Lori RN		Facility: LEW
Note Date: 11/19/2022 07:24			Unit: C02

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Hartzel, Lori RN

Returned from outside trip to Vascular Surgery J Biacco, PA-C

- Bilateral chest/neck/arm pain and paresthesias, LUE>RUE
- Past studies show NTOS + VTOS, no images available
- Given his Hx of multiple clots, hematology referral placed. May need lifelong anticoagulation but will defer to hematology
- Recommend PT, referral placed
- for pain management, may need Tramadol prn-will defer to PCP with assistance for this
- May also need cervical spine work-up, will defer to PCP
- PRN from vascular standpoint

CD will evaluate the above

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Hartzel, Lori RN on 11/19/2022 07:34

Requested to be reviewed by Edinger, Andrew MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 11/19/2022 07:24

Sex: M
Provider: Hartzel, Lori RN

Reg #: 28332-509
Race: WHITE
Facility: LEW

Reviewed with New Encounter Note by Edinger, Andrew MD/CD on 11/21/2022 13:36.

Bureau of Prisons - LEW

**Bureau of Prisons
Health Services
PPDs**

Inmate Name: SAMSEL, RYAN STEPHEN

Reg #: 28332-509

<u>Admin:</u>	<u>Location</u>	<u>Provider</u>	<u>Reading:</u>	<u>Induration</u>	<u>Provider</u>
03/01/2022 16:59	Left Forearm	Kistler, R. NP	03/04/2022 13:54	0 mm	Pena-Silva, Isabel RN, IOP/IDC
			Orig Entered: 03/04/2022 13:54 EST		Pena-Silva, Isabel RN, IOP/IDC
01/30/2021 12:47	Left Forearm	Kistler, R. NP	02/01/2021 13:50	0 mm	Harris, S. RN
		Pena-Silva, M. RN	Orig Entered: 02/01/2021 13:51 EST		Harris, S. RN
		Pena-Silva, M. RN			

Total: 2

**Bureau of Prisons
Health Services
Allergies**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

Allergy

Date Noted

Reaction

No Known Allergies

01/30/2021

Orig Entered: 01/30/2021 12:48 EST Pena-Silva, M. RN

Total: 1

**Bureau of Prisons
Health Services
Alerts**

Reg #: 28332-509 Inmate Name: SAMSEL, RYAN STEPHEN

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Comments</u>
Name Change - Alias 02/16/2021 08:28 EST	02/16/2021	05/17/2021	70060-066 to 28332-509 register number changed in Sentry on 02-12-2021.

Ocampo, Jeanne
CPHIMS Health
Informatics Specialist

Total: 1

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 28332-509		Inmate Name: SAMSEL, RYAN STEPHEN						
<u>Description</u>		<u>Axis</u>	<u>Code</u>	<u>Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current								
Herpes zoster (shingles) 04/21/2022 15:24 EST Edinger, Andrew MD/CD			B029	ICD-10		04/21/2022	Current	
Post-traumatic stress disorder 02/01/2021 08:26 EST Laughingwell, Raeph MD			F4310	ICD-10		02/01/2021	Current	
Chronic embolism and thrombosis of vein 04/21/2022 15:24 EST Edinger, Andrew MD/CD			I8291	ICD-10		04/21/2022	Current	
bilateral subclavian vein stenosis; complicated by bilateral thoracic outlet syndrome								
Periapical abscess with sinus 09/29/2022 13:46 EST Parnass, Mark DMD			K046	ICD-10		09/29/2022	Current	
# 3								
No Diagnosis 02/01/2021 13:18 EST Conlon, Kristin Ph.D.		I	No Dx	DSM-IV		02/01/2021	Current	
Pain, unspecified 02/01/2021 08:26 EST Laughingwell, Raeph MD			R52	ICD-10		02/01/2021	Current	
Resolved								
Quarantine - asymptomatic person in quarantine 05/25/2022 07:25 EST Laughingwell, Raeph (MAT) MD			Z0489-q	ICD-10		03/01/2022	Resolved	05/25/2022
03/02/2022 08:32 EST Dalmasi, Odeida (MAT) MD/CD			Z0489-q	ICD-10		03/01/2022	Current	
02/01/2021 08:26 EST Laughingwell, Raeph MD			Z0489-q	ICD-10		02/01/2021	Current	

Total: 7

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983

Reg #: 28332-509 **Complex:** LEW
Sex: M

Report of Consultation: Vascular Surgery
Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Institution: LEWISBURG USP
2400 ROBERT F. MILLER DRIVE
LEWISBURG, Pennsylvania 17837
5705231251

Subtype: Vascular Surgery
Reg #: 28332-509
Sex: M

Assessment:

- Bilateral chest/neck/arm pain + paresthesias, LUE7 RUE
- Past studies show NTOST + VTOS, no images available
- Given his hx of multiple clots, hematology referral placed. May need lifelong anticoagulation but will defer to hematology

Plan:

- Recommend PT, referral placed
- for pain management, may need Tramadol prn - will defer to PCP with assistance for this
- May also need cervical spine work-up, will defer to PCP

Signature
Date

Completed By:

PRN from vascular standpoint

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Formulary.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

Jacqueline Biacco, PA-C
11/18/02

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Scanned Date: 11/28/2022 11:43 EST

Sex: M

Reg #: 28332-509
Race: WHITE
Facility: LEW

Reviewed by Edinger, Andrew MD/CD on 11/28/2022 17:16.

Nov/21/2022 9:44:39 AM

Geisinger 5702715840

5/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

Geisinger

28332-509

Samsel, Ryan Stephen

MRN: 6694745

Office Visit 11/18/2022
Vascular Surg Hospital for
Advanced Medicine, Danville

Provider: Eyan Joseph Ryer, MD (Vascular Surgery)
Primary diagnosis: Pain in both upper extremities
Reason for Visit: NEW PATIENT; Referred by Andrew Martin Edinger, MD

Progress Notes

Jacqueline Storm Biacco, PA-C (Physician Assistant - Certified) • Vascular Surgery

Date of Service: 11/18/2022 9:31 AM

Ryan Stephen Samsel is a 39 year old male.

Patient being seen in consultation at the request of Andrew M Edinger, MD

Chief Complaint: ? TOS

Accompanied by 2 prison guards
Resides at Lewisburg USP

HPI:

Outside records suggest diagnosis of TOS and chronic bilateral subclavian vein occlusions were present since at least 2012

Per the records, he has been dealing with chronic pain and paresthesias of bilateral upper extremities at least since that time

Mr. Samsel reports bilateral chest/neck/shoulder/arm pain and paresthesias, LUE > RUE, began ~2015

Has seen multiple providers (general practitioners and Vascular Surgery practitioners) in the past

Was told that he has a mix of both neurogenic and venous TOS

Had multiple CTA's and MRA's completed in the past, per his report (NO images available in Epic to date)

Had an EMG completed in the past (in Virginia); he is unsure what the final results were (NO report/images available in Epic to date)

Had multiple venograms in the past:

- 2017 in Einstein
- 2019 in University of Pennsylvania (Dr. K)
- 6-7 months ago in UVA

Venograms showed "clots" located in bilateral upper extremities

It was attempted to cross left subclavian vein occlusion; however, unsuccessful

Printed by Connie S Long, OSA at 11/21/2022 9:39 AM

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Nov/21/2022 9:44:39 AM

Geisinger 5702715840

6/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

Symptoms were managed with Eliquis (around 2017/2018 - stopped around 2019), Lyrica (stopped due to "over stimulation/hyperactive state"), and Tramadol for a short period of time; currently does NOT take any medications

He was told that he has good collateral vessels of bilateral upper extremities, and it was therefore felt that symptoms were more neurogenic in etiology

He was advised to do physical therapy in the past; however, never occurred due to being relocated to 11 different prisons

Was told he has a "new clot" in his left arm in March 2021 after traumatic injury from January 6th Capitol riot

Nothing was done at the time

More recently he saw Vascular Surgery at Jefferson Hospital in 06/2022 for his UE symptoms. He was told that he may need a 1st rib resection to manage TOS symptoms, but first, needed work-up for his lymph nodes/mass in left breast and nipple discharge that was noted on mammogram/ultrasound

He was previously diagnosed with gynecomastia secondary to illicit steroid use, was told that he needs a glandectomy procedure; Plastic Surgery referral was placed for further evaluation/treatment; Geisinger appt currently scheduled for April 2023

He was recently relocated to Lewisburg USP, and his care was transferred to Vascular Surgery group in Danville

He is currently dealing with chronic, worsening symptoms of L-sided chest wall "grinding" pain/tenderness and weakness/numbness/heaviness/swelling in left arm/hand/fingers

He also reports constant paresthesias of bilateral 4th and 5th fingers

He is only able to raise his left arm to a 45 degree angle before experiencing discomfort in the extremity

He has normal range of motion of his right arm

Given the pain in his left upper extremity, he has difficulty sleeping at night; unable to lay on his left side

Currently NOT utilizing anything for pain

Hx right leg DVT a few years ago

Was told to take Vit. D and ASA

Never put on anticoagulation at the time

Hx shingles (in back); never treated, per his report

FAMILY HISTORY:

No family history of varicose veins, DVT/SVT/PE, or bleeding disorders

He was part of the January 6th Capitol riot at Washington D.C.

He was charged with assault of a capital police officer (he reports this was on the national news)

He suffered skull, orbital floor, jaw injuries secondary to trauma (he reports police officers beat him and held him down)

He reports being very active in the past; did a lot of weight lifting prior to prison

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Gelsinger 5702715840

7/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

No current outpatient medications on file.

No current facility-administered medications for this visit.

Review of patient's allergies indicates:

No Known Allergies

There is no problem list on file for this patient.

No past medical history on file.

No past surgical history on file.

No family history on file.

Social History

Personal History

• Marital Unknown

status:

• Spouse Not on file

name:

• Number of Not on file

children:

• Years of Not on file

education:

• Highest Not on file

education

level:

Occupational History

• Not on file

Tobacco Use

• Smoking Former

status:

• Types Cigarettes

• Smokeless Former

tobacco:

Substance and Sexual Activity

• Alcohol Not on file

use:

• Drug use: Not on file

• Sexual Not on file

activity:

Other Health Concerns

• Not on file

Social History Narrative

• Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Nov/21/2022 9:44:39 AM

Geisinger 5702715840

8/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

Holding Stability: Not on file

COMPLETE REVIEW OF SYSTEMS:

Constitutional: denies fever/chills

Eyes: denies amaurosis fugax, Hx skull, orbital floor, jaw injuries secondary to trauma in past

Ears, Nose, Throat: denies difficulty swallowing

Cardiac: denies chest pain, denies afib, denies CHF, denies coronary stenting

Respiratory: denies shortness of breath, denies DOE

GI: denies BRBPR

GU: denies hematuria

Neuro: denies TIA, denies CVA

Heme: hx R leg DVT in past; hx bilateral upper extremity DVT's in past; was on anticoagulation in past (not currently), no recurrent events, denies hx PE, denies hx bleeding disorders

Endo: denies DM, denies hyperlipidemia

Onc: reports lymph nodes/mass in left breast + nipple discharge, ? Malignancy, scheduled with Plastic Surgery April 2023, reports gynecomastia (reports suggest secondary to illicit steroid use)

All other systems negative except for those noted above and in the history of present illness (HPI).

GENERAL MULTI-SYSTEM PHYSICAL EXAM:**VITAL SIGNS:**

BR 136/82 (BP Site: Right Arm, BP Position: Sitting) | Temp 36.2 °C (97.1 °F)

GENERAL MULTI-SYSTEM PHYSICAL EXAM: ADDITIONAL VS: pulse regular.**GENERAL:** Normal grooming habits, no acute distress and appears stated age.**NECK:** No masses.**RESPIRATORY:** respiratory effort normal, clear on auscultation bilaterally.**CARDIOVASCULAR:** RRR, no heart murmurs, no BLE edema, very mild BUE edema, LUE >

RUE, collateral vessels of bilateral upper extremities and chest region. PHOTOS

GASTROINTESTINAL: no tenderness, protuberant and abdominal aorta not palpable.**LYMPHATIC:** cervical lymph nodes normal.**SKIN:** no ulcers of bilateral hands and feet**PSYCHIATRIC:** orientation to time, place and person normal and recent and remote memory normal.**EYES:** conjunctivae normal.**NEUROLOGIC:** Normal range of motion of right upper extremity, limited range of motion of left upper extremity (only able to raise left arm at a 45 degree angle)

+ Romberg test: only able to do test for about 1 minute. Experienced pain and paresthesias beginning in left chest wall/shoulder region then radiating into left arm/hands/all fingers

LEFT-SIDED CHEST:

Nov/21/2022 9:44:39 AM

Geisinger 5702715840

9/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022



LEFT ARM:

Printed by Corinne S Long, OSA at 11/21/2022 9:39 AM

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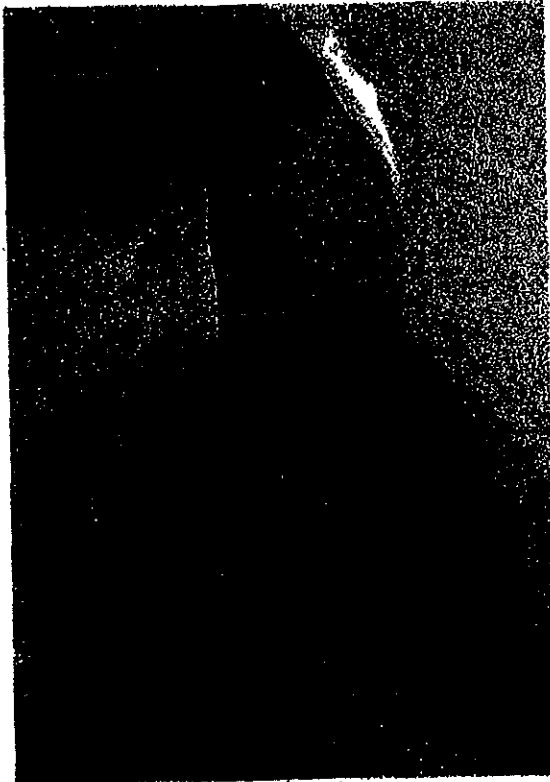
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10/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022



RIGHT ARM:

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Geisinger 5702715840

11/14

Samsel, Ryan, Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022



PULSE SCALE:

Carotid: Right: Bruit: No
Left: Bruit: No

Radial: Right: 3
Left: 3

Dorsalis Pedis: Right: 3
Left: 3

Posterior Tibial: Right: 2
Left: 2

PULSE SCALE: 4=Aneurysmal; 3=Normal; 2=Diminished; 1=Barely Palpable; 0=Absent

DIAGNOSTIC STUDIES:

No studies available

LABS:

Printed by Connie S Long, OSA at 11/21/2022 9:39 AM

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Geisinger 5702715840

12/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

No results found for: CREATININE
 No results found for: LDL
 No results found for: HGB
 The above clinical labs were reviewed by me on 11/18/2022.

IMPRESSIONS:

Chronic pain and paresthesias of bilateral upper extremities, LUE > RUE, since 2012 per OSH records.

Chronic bilateral subclavian vein occlusions, since 2012 per OSH records

History of multiple venograms with an attempt to cross left subclavian vein in past (no images available).

Lymph nodes/mass of left breast with nipple discharge, ? malignancy, scheduled with Plastic Surgery 04/2023

Hx gynecomastia secondary to illicit steroid use

Former smoker

PLAN:

Difficult/complex case.

Very little documentation available, no outside imaging available at this time

Apparently has seen multiple vascular surgeons and underwent multiple venogram procedures in the past

He was diagnosed with TOS and chronic bilateral subclavian vein occlusions since at least 2012 per OSH records

He reports chronic, worsening BUE pain and paresthesias, LUE > RUE.

On physical exam, Roos test was positive.

Symptoms seem to be consistent with neurogenic TOS

Discussed initiation of PT to manage his UE symptoms

Do not think a 1st rib resection would benefit him given his age and chronic symptoms

If symptoms do not improve with PT, we can see him back and go from there

Physical Therapy referral placed to assist with management of nTOS

Should complete PT for at least 6 months

Hematology referral placed for initiation of hypercoagulable work-up

He is currently NOT on anticoagulation; however, he may need life-long anticoagulation given DVT history and ? malignancy (ie left breast mass/lymph nodes)

Scheduled with Plastic Surgery April 2023 for evaluation of lymph nodes/mass of left breast with nipple discharge

Our front desk schedulers attempted moving this appt up to a sooner date, but were unsuccessful

I will go ahead and place another referral (3 day urgent request) to see if we can get him a sooner appt

If this mass in his left breast is malignant then that will put him at a greater hypercoagulable risk and could potentially lead to recurrent DVT's

May benefit from Tramadol prn for pain control; however, will defer to PCP/prison practitioner

Printed by: Connie S Long, OSA at 11/21/2022 9:39 AM

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Gelsinger 5702715840

13/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

for assistance with this

May benefit from cervical spine disease work-up, will defer to PCP/prison practitioner for assistance with this

He reports EMG was done in the past at an OSH; however, we have no documentation available at this time

I will forward a copy of our note to Lewisburg USP for review

RTC pm for now

The patient was seen and examined with Evan Ryer, MD.

Jacqueline S Blacco, PA-C
 Section of Vascular and Endovascular Surgery
 Gelsinger Medical Center
 Danville, PA 17822
 (570)-271-6369

I performed an independent examination of the patient and discussed the management with the Physician Assistant, Jacqueline Blacco, PA-C. I reviewed the Physician Assistant's note and agree with the documented findings and plan of care.

Difficult case. Unfortunately, he arrives at our clinic with little outside paperwork (11 pages from a several year work-up at multiple institutions). In brief, he is an incarcerated 38 year old male with chronic BUE pain (left>right) and chronic bilateral subclavian vein occlusions (since 2012 per records). As I can find no documentation of abnormal electrodiagnostic tests, I would consider this to be disputed neurogenic thoracic outlet syndrome. Furthermore, his chronic symptoms and older age suggest that surgical decompression is unlikely to help him. Therefore, I do NOT recommend rib resection and neurolysis at this time. Recommend physical therapy targeted at nTOS for at least 6 month duration. Of utmost import is that he be evaluated and treated for his breast mass and nipple discharge. Follow-up with vascular surgery on an as needed basis. If he is compliant with physical therapy and remains symptomatic, we would be willing to see him back in 6 months time. At this time, we would refer him to neurology for EMG, nerve conduction tests and cervical spine work-up. If all these test failed to demonstrate a diagnosis, we would arrange for a scalene block.

Evan J Ryer, MD
 Vascular Surg Hospital for Advanced Medicine, Danville
 100 N Academy Ave
 DANVILLE, PA 17822
 Phone: 570-271-6369
 Fax: 570-271-5840

Other Notes

All notes

☒ Nursing Note from Melissa A Paulas, MED ASSIST

Instructions

☒ Return if symptoms worsen or fail to improve.

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Geisinger 5702715840

14/14

Samsel, Ryan Stephen (MRN 6694745) DOB: 09/03/1983

Encounter Date: 11/18/2022

Additional Documentation

Vitals: BP 136/82 (BP Site: Right Arm, BP Position: Sitting) Temp 36.2 °C (97.1 °F)
 Flowsheets: Patient and Family Education, Patient Information, VISITOR DETAILS, COVID-19 Screening

Communications

☒ Provider Notes sent to Andrew Martin Edinger, MD

Media

From this encounter

Scan on 11/18/2022 1020 by Jacqueline Storm Blacco, PA-C: Chest
 Scan on 11/18/2022 1020 by Jacqueline Storm Blacco, PA-C: L arm
 Scan on 11/18/2022 1020 by Jacqueline Storm Blacco, PA-C: R arm

Patient Handouts

No notes of this type exist for this encounter.

Orders Placed

HEMATOLOGY/ONCOLOGY REFERRAL OP Pending Review
 PHYSICAL THERAPY REFERRAL OP Pending Review
 PLASTIC SURGERY REFERRAL OP Pending Review

Medication Changes

As of 11/18/2022 11:16 AM

None

Medication List at End of Visit

As of 11/18/2022 11:16 AM

None

Visit Diagnoses

Primary: Pain in both upper extremities M79.601, M79.602
 Paresthesia of arm R20.2
 Mass of left breast, unspecified quadrant N63.20
 Nipple discharge N64.52

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Reg #:	28332-509
Date of Birth:	09/03/1983	Sex:	M
Scanned Date:	11/21/2022 11:19 EST	Race:	WHITE
		Facility:	LEW

Reviewed by Edinger, Andrew MD/CD on 11/21/2022 14:24.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Edinger, Andrew MD/CD	Facility:	LEW	Unit:	C02
Note Date:	10/05/2022 14:54						

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Edinger, Andrew MD/CD

I have now spent more than 10 hours reviewing Mr. Samsel's medical records and the particulars of his case and care. I am placing this note in the record to detail my findings in as best a summary as I can.

1. Mr. Samsel has a complex medical problem which has evolved since birth, but likely became more symptomatic after 2012.
2. I have concerns about the "selective" nature of the medical records that we received regarding his medical history prior to arrest. Specifically, the records are absent about his medical care prior to 2018. After 2018, they are selective and do not include specific information pertinent to this current care.
3. In 2020, he reported to physicians at UPenn that he suffered from Low testosterone levels and was receiving testosterone prescriptions by mail from an on-line physician. We do not have these records or the supporting documentation regarding the original blood tests as to why he was started on this medication. However, the conclusions from this are that he does not suffer from low testosterone any more. He is currently not prescribed testosterone. The logical conclusion was that he was likely utilizing illicit steroids for a time. This suppressed his hypothalamic-pituitary-gonadal axis. When he could no longer get the testosterone illegally, he contacted a physician (on-line consult) and was prescribed testosterone legally, because of low testosterone levels in his blood stream at that moment. Unfortunately, he developed gynecomastia as a result of that process.
4. The gynecomastia was present in 2020, and he saw a surgeon at that time who agreed to perform bilateral breast excisions. However, even then, the surgeon voiced doubt that this would resolve his symptoms of pain that he was experiencing. I suspect that the surgeon was linking his bilateral chest discomfort to the venous engorgement in his chest from bilateral thoracic outlet syndrome.

ADMINISTRATIVE NOTE 2 Provider: Edinger, Andrew MD/CD

5. The current surgical consult has similarly recommended bilateral breast surgeries which are restricted to the retro-areolar tissue. This is not the areas of discomfort that Mr. Samsel reported to me when I last examined him. His pain was more in the upper, outer quadrants of the breast where he has significant venous engorgement.
6. With his transfer back to USP Lewisburg, I will need to request all new consultations with local physicians to orchestrate this procedure. I don't believe that this can be orchestrated within the next 3-4 months due to scheduling and perhaps longer as this will take us into the worst time of cold and flu season. Most hospitals in our area will be in divert status in January and February. They will frequently cancel elective cases because of the non-emergent status. Thus, a more realistic time to orchestrate this surgery would be March of 2023. That is 5 months from now.
7. Based upon my review of all of the records related to his gynecomastia, this is a non-emergent, non-life threatening condition that has not fundamentally changed since 2020. Furthermore, there are significant risks of infection, bleeding, and seroma formation with this surgery. This must be carefully weighed against the potential for little or no benefit in resolving his discomfort.
8. My original assertions remain unchanged. This is an elective procedure that has already been postponed for 2 years. This could easily be postponed longer without significant risk to Mr. Samsel. If this is to be embarked, I still prefer that this procedure be done at a tertiary center with experience in treating the potential vascular complications associated with his case.
9. Finally, I am concerned on a deeper level by this case. Since his arrest, he has made health care

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Edinger, Andrew MD/CD	Facility:	LEW	Unit:	C02
Note Date:	10/05/2022 14:54						

complaints that have been an "ever moving goalpost". It started with his complaints about blindness/vision loss which were addressed and resolved. Then it was "seizures", followed by nerve damage in his arm, followed by his vascular problem, and now finally his gynecomastia. If the gynecomastia was such a problem for him, why was it not brought up much earlier in this process. I am fearing much of this is driving towards some form of secondary gain on his behalf. This surgery for gynecomastia has a high potential for complication which could draw this entire process out extensively. Also, if a complication does occur, it opens up a series of litigation/malpractice assertions on his part which could further delay/cloud these issues. I for one would prefer to avoid what I perceive to be a trap.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
General Surgery	10/31/2022	10/31/2022	Routine	No	

Subtype:

Evaluation - Outside

Reason for Request:

Inmate is a 39 y.o. male with a known history of bilateral thoracic outlet syndrome which dates back to at least 2012. He has a known history of bilateral subclavian vein occlusions which are chronic and have established collateral venous return into the neck and chest. He also has a history of illicit steroid use which caused the development of mild gynecomastia. However, he has significant engorgement of chest/axillary tissue from the thoracic outlet. This has resulted in chest discomfort in what is the upper outer quadrants of the breast areas. He is seeking symptomatic relief of the chest discomfort via gynecomastia surgery. Two prior surgeons have recommended very limited surgery to the retroareolar tissue only. Due to legal entanglements, he is now designated to our institution. This request is for evaluation and recommendations regarding surgery, its risks and benefits.

Provisional Diagnosis:

gynecomastia

Vascular Surgery

01/31/2023 01/31/2023

Routine

No

Subtype:

Vascular Surgery

Reason for Request:

Inmate is a 39 y.o. male with a known history of bilateral thoracic outlet syndrome which dates back to at least 2012. He has a known history of bilateral subclavian vein occlusions which are chronic and have established collateral venous return into the neck and chest. He also has a history of illicit steroid use which caused the development of mild gynecomastia. However, he has significant engorgement of chest/axillary tissue from the thoracic outlet. This has resulted in chest discomfort in what is the upper outer quadrants of the breast areas. He is seeking symptomatic relief of the chest discomfort via gynecomastia surgery. Two prior surgeons have recommended very limited surgery to the retroareolar tissue only. Due to legal entanglements, he is now designated to our institution. This request is for evaluation and recommendations regarding surgery, its risks and benefits.

Provisional Diagnosis:

Thoracic outlet syndrome; gynecomastia

Other:

I have placed this detailed note in the record. It is my opinion that the risks of pursuing surgery for this problem far outweigh the potential benefits from the surgery. I don't believe that this surgery is in his best interest. I am requesting the consults at the behest of the court.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Edinger, Andrew MD/CD	Facility:	LEW	Unit:	C02
Note Date:	10/05/2022 14:54						

Completed by Edinger, Andrew MD/CD on 10/05/2022 15:23

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Parnass, Mark DMD	Facility:	LEW	Unit:	C02
Note Date:	10/03/2022 09:32						

Cosign Note - Chart Review encounter performed at Dental Clinic.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Parnass, Mark DMD
Inmate will be scheduled to Evaluate.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Parnass, Mark DMD on 10/03/2022 09:33

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 10/02/2022 06:57

Sex: M Race: WHITE
Provider: Dorman, Joshua

Reg #: 28332-509
Facility: LEW
Unit: C02

EMT/Para - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Dorman, Joshua Paramedic

Chief Complaint: Dental Problem

Subjective: "I had my tooth pulled out last week. My mouth still hurts very bad and the whole right side of my face is swollen."

Pain: Yes

Pain Assessment

Date: 10/02/2022 06:59

Location: Face

Quality of Pain: Throbbing

Pain Scale: 6

Intervention: Ibuprofen

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-5 Days

Duration: 3-5 Days

Exacerbating Factors: Eating

Relieving Factors: None

Reason Not Done:

Comments:

OBJECTIVE:

Exam:

Face

General

Yes: Swelling, Tenderness R

ASSESSMENT:

Dental Problem Needing Dental Followup

During AM pill line, inmate approaches health services complaining of right sided face pain and swelling. Inmate assessed and noted to have right facial swelling, tenderness with palpation and feels "numb". Inmate requests to be seen by dental for follow up. Will order Ibuprofen to help with pain and swelling until he can be evaluated by dental.

PLAN:

New Medication Orders:

Rx#

Medication

Ibuprofen Tablet

Prescriber Order:

400mg Orally - three times a day x 3 day(s) -- Take 1-2 tablets up to 3

Order Date

10/02/2022 06:57

Inmate Name: SAMSEL, RYAN STEPHEN
 Date of Birth: 09/03/1983
 Encounter Date: 10/02/2022 06:57

Sex: M Race: WHITE
 Provider: Dorman, Joshua

Reg #: 28332-509
 Facility: LEW
 Unit: C02

Order Date

New Medication Orders:

Rx# Medication times per day.

Start Now: Yes

Night Stock Rx#: 227804-LEW

Source: Night Stock

Admin Method: Self Administration

Stop Date: 10/05/2022 06:56

MAR Label: 400mg Orally - three times a day x 3 day(s) – Take 1-2 tablets up to 3 times per day.

One Time Dose Given: No

Disposition:

Follow-up in 12-24 Hours

Patient Education Topics:

Date Initiated Format
 10/02/2022 Counseling

Handout/Topic
 Plan of Care

Provider
 Dorman, Joshua

Outcome
 Verbalizes
 Understanding

Inmate advised to use cool compresses on right side of face to help reduce swelling.

Cosign Required: Yes
Copay Required: No
Telephone/Verbal Order: Yes **By:** Parnass, Mark DMD
Telephone or Verbal order read back and verified.

Completed by Dorman, Joshua Paramedic on 10/02/2022 07:20
 Requested to be cosigned by Parnass, Mark DMD.
 Cosign documentation will be displayed on the following page.
 Requested to be reviewed by Ayers, Jessie PA-C.
 Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 10/02/2022 06:57

Sex: M
Provider: Dorman, Joshua

Reg #: 28332-509
Race: WHITE
Facility: LEW

Reviewed by Ayers, Jessie PA-C on 10/03/2022 04:56.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 10/02/2022 06:57

Sex: M
Provider: Dorman, Joshua

Reg #: 28332-509
Race: WHITE
Facility: LEW

Cosigned with New Encounter Note by Parnass, Mark DMD on 10/03/2022 09:32.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Cassano, Kevin HSA		Facility: PHL
Note Date: 09/01/2022 09:14			Unit: Z01

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Cassano, Kevin HSA

Patient was scheduled for a bilateral breast excisional biopsy to be followed by a post-surgical follow-up with Dr. M. Lazar.

Patient refused Pre-admission lab testing (PAT) on August 19, 2022, and acknowledged that refusing labs may result in the cancellation of surgery.

The surgery was cancelled by the outside provider as a result of refusal to get the required PATs.

This writer contacted the office of Dr. M. Lazar to ask if she still wanted to see this patient for a follow-up appointment. The office responded that Dr. Lazar was consulted and confirmed that no further follow-up appointment is needed. Patient is discharged from the care of Dr. Lazar.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Cassano, Kevin HSA on 09/01/2022 09:25

Requested to be reviewed by Laughingwell, Raeph (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Cassano, Kevin HSA	Race:	WHITE
Encounter Date:	09/01/2022 09:14			Facility:	PHL

Reviewed by Laughingwell, Raeph (MAT) MD on 09/01/2022 09:27.

**Bureau of Prisons
Health Services
Health Screen**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Hartzel, Lori RN	Race: WHITE
Encounter Date: 09/19/2022 16:07		Facility: LEW

Seizures:

Type: Unknown
Frequency: > 1 per year

Age of Onset:

Last Seizure: 7 - 12 months

Comments: States he had a head injury in March 2021 and had a seizure right afterwards. States he had another seizure in June, none since then.

States he was taking meds but doesn't remember what.

Diabetes: Denied

Cardiovascular: Denied

CVA: Denied

Hypertension: Denied

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma:

Primary SiteCurrent TreatmentPast TreatmentDiagnosed

Lymphoma, Non-Hodgkins None

Surgery

Comments: States he was receiving oncology follow up every 30 days.

Allergies: Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Hartzel, Lori RN	Race: WHITE
Encounter Date: 09/19/2022 16:07		Facility: LEW

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): 2-5

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Never

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: No

Travel Outside US: No

Tattoos: No

Comments:

HIV History:

When Tested: 2008

Test Result: Negative

When Diagnosed AIDS:

Last CD4:

Comments: Inmate states that he has thoracic outlet syndrome and gland-granular growth of male breast tissue. He states that he is scheduled to have plastic surgery to remove the gland.

He states that his attorney has all his medical records. He is asked to contact his attorney and arrange to deliver all his medical records to the FDC.

Hepatitis:

Denied

Other Infectious Diseases:

Syphilis: No

Syphilis Last Treatment: N/A

Genital Warts: No

Chlamydia: No

Gonorrhea: No

Herpes: No

Chicken Pox: Yes

Other: No

Comments:

Abuse History: Denied

Physical: No

Emotional: No

Sexual: No

Comments: Denies

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Hartzel, Lori RN	Race:	WHITE
Encounter Date:	09/19/2022 16:07			Facility:	LEW

Mental Health:**Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** None**Hx of Head Injury:** None**Current Mental Health Treatment:** No**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** No**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:****Substance Use History:** Denied**Currently enrolled in a medication for opioid use disorder/mat program:** No**Current Painful Condition:** Denied**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** N/A**Postpartum:** N/A**Dental Condition:** Denied

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Hartzel, Lori RN	Race:	WHITE
Encounter Date:	09/19/2022 16:07			Facility:	LEW

Observations:

Draining Skin Lesions: No
Signs of Lice: No
Signs of Scabies: No
Signs of Recent Trauma: No
Recent Tattoos: No
Needle Marks: No
Signs of Rash: No
Open Sores: No
Wounds: No
Body Deformities: No
Tremors: No
Sweating: No
Comments:

Prosthetic Devices/Equipment: Denied**Potential Items For Follow-up:**Item

Seizure History
 Carcinoma/Lymphoma - Lymphoma, Non-Hodgkins
 Other Infectious Disease History
 PPD Administration Not Performed

Health Problems Newly Identified During This Encounter:

Health Problem**Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
		OTC		No known OTCs	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Hep B core Ab,	One Time	10/19/2022 00:00	Routine
Total			
Lab Tests - Short List-General-Hep B surface Ab			
Lab Tests - Short List-General-Hep B surface Ag			
Lab Tests - Short List-General-HIV 1/2			
Lab Tests - Short List-General-Hep C Ab			
Lab results requested to be notified to:	Seeba, Heather RN/IOP/IDC		

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Hartzel, Lori RN	Race:	WHITE
Encounter Date:	09/19/2022 16:07			Facility:	LEW

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Edinger, Andrew MD/CD
Telephone or Verbal order read back and verified.

Completed by Hartzel, Lori RN on 09/19/2022 16:10
Requested to be cosigned by Edinger, Andrew MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Hartzel, Lori RN	Race:	WHITE
Encounter Date:	09/19/2022 16:07			Facility:	LEW

Cosigned by Edinger, Andrew MD/CD on 09/20/2022 08:04.

**Bureau of Prisons
Health Services
History & Physical**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 10/10/2022 09:13

Sex: M Race: WHITE
Provider: Ayers, Jessie PA-C

Reg #: 28332-509
Facility: LEW
Unit: C02

Seizures:

Type: Unknown
Frequency: > 1 per year

Age of Onset:

Last Seizure: 7 - 12 months

Comments: States he had a head injury in March 2021 and had a seizure right afterwards. States he had another seizure in June, none since then.

States he was taking meds but doesn't remember what.

Diabetes:

Denied

Cardiovascular:

Denied

CVA:

Denied

Hypertension:

Denied

Respiratory:

Denied

Sickle Cell Anemia:

Denied

Carcinoma/Lymphoma:

Primary Site

Current Treatment

Past Treatment

Diagnosed

Lymphoma, Non-Hodgkins

Surgery

Comments: States he was receiving oncology follow up every 30 days.

Allergies:

Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): 2-5

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Never

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: No

Travel Outside US: No

Tattoos: No

Comments:

HIV History:

When Tested: 2008

Test Result: Negative

When Diagnosed AIDS:

Last CD4:

Comments: Inmate states that he has thoracic outlet syndrome and gland-granular growth of male breast tissue. He states that he is scheduled to have plastic surgery to remove the gland.

He states that his attorney has all his medical records. He is asked to contact his attorney and arrange to deliver all his medical records to the FDC.

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No

Syphilis Last Treatment: N/A

Genital Warts: No

Chlamydia: No

Gonorrhea: No

Herpes: No

Chicken Pox: Yes

Other: No

Comments: chicken pox at 7, recurrent shingles**Abuse History: Denied**

Physical: No

Emotional: No

Sexual: No

Comments: Denies physical, emotional or sexual abuse

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Ayers, Jessie PA-C	Facility: LEW	Unit: C02
Encounter Date: 10/10/2022 09:13			

Mental Health:**Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** None**Hx of Head Injury:** None**Current Mental Health Treatment:** No**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** No**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:****Substance Use History:**

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Alcohol	1 - 5 years	> 1 X per year		Wine	2 drinks / day

Hx of Withdrawal Symptoms:**Comments:****Current Painful Condition:****Location:** subclavian vein stenosis**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** N/A**Postpartum:** N/A**Dental Condition:** Denied

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Observations:**Draining Skin Lesions:** No**Signs of Lice:** No**Signs of Scabies:** No**Signs of Recent Trauma:** No**Recent Tattoos:** No**Needle Marks:** No**Signs of Rash:** No**Open Sores:** No**Wounds:** No**Body Deformities:** No**Tremors:** No**Sweating:** No**Comments:**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Ayers, Jessie PA-C	Facility: LEW	Unit: C02
Encounter Date: 10/10/2022 09:13			

Immunizations:**Hepatitis A and B (TwinRx) Series Administration: History Of****Documented Date:** 10/10/2022 09:16 EST**Immunization Date:** 1983**Provider:** Ayers, Jessie PA-C**Location:****Drug Mfg:****Lot Number:****Dosage:****Route:****Exp Dt:****Comments:****Measles/Mumps/Rubella Series Administration: History Of****Documented Date:** 10/10/2022 09:16 EST**Immunization Date:** 1983**Provider:** Ayers, Jessie PA-C**Location:****Drug Mfg:****Lot Number:****Dosage:****Route:****Exp Dt:****Comments:****Smallpox Series Administration: History Unknown, Not Administered****Documented Date:** 10/10/2022 09:16 EST**Immunization Date:****Provider:** Ayers, Jessie PA-C**Location:****Drug Mfg:****Lot Number:****Dosage:****Route:****Exp Dt:****Comments:****Tdap Administration: History Of****Documented Date:** 10/10/2022 09:16 EST

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Ayers, Jessie PA-C	Facility: LEW	Unit: C02
Encounter Date: 10/10/2022 09:13			

Immunization Date: 1983**Provider:** Ayers, Jessie PA-C**Location:****Drug Mfg:****Lot Number:****Dosage:****Route:****Exp Dt:****Comments:****Varicella Series Administration:** History Unknown, Not Administered**Documented Date:** 10/10/2022 09:16 EST**Immunization Date:****Provider:** Ayers, Jessie PA-C**Location:****Drug Mfg:****Lot Number:****Dosage:****Route:****Exp Dt:****Comments:****Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/10/2022	09:15 LEW	71			Ayers, Jessie PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/10/2022	09:15 LEW	134/84				Ayers, Jessie PA-C

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
10/10/2022	09:15 LEW	71.0	180.3	Ayers, Jessie PA-C

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
10/10/2022	09:15 LEW	192.0	87.1		Ayers, Jessie PA-C

Prosthetic Devices/Equipment: Denied**Tobacco Usage:** Denied

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Ayers, Jessie PA-C	Facility: LEW	Unit: C02
Encounter Date: 10/10/2022 09:13			

General Social History:**Foreign Travel:**

Born in USA: Yes

Country of Birth: USA

Family History - Father:

Age at Death: 70

Cause of Death: Covid

Significant Illnesses:

Comments:**Family History - Mother:**

Age at Death: 60

Cause of Death: breast Cancer

Significant Illnesses:

Comments:**Family History - Sibling:**

Number of Siblings: 3

Significant Illnesses:

Comments:**ROS:****General****Constitutional Symptoms**

No: Chills, Fever, Night Sweats

Integumentary**Skin**

Yes: Within Normal Limits

Cardiovascular**General**

Yes: Edema, Hx Hypertension

hx of HTN but been normal (only medicated for 3-4 months)

Food Handler's Exam**General**

Yes: Cleared for Food Service

No: Hx of Hepatitis (if Yes, enter type in comments), Hx of HIV

Head:

Normal: Yes

Comments:

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Eyes:

EOMI: Yes
Icterus:No
Conjunctival Inflammation: No
Pupils PERRLA: Yes
Pupil Size Rt:
Pupil Size Lt:
Pupils Comments:
Fundi Vessels Nicking: No
Fundi Vessels Discs Flat:Yes
Fundi Vessels Discs Sharp Margins: Yes
Fundi Vessels Grounds Abnormal: No
Eyes Comments:

Ears:

Right Ear: Canal patent
Left Ear: Canal patent
Ears Comments:

Nose:

Nares Patent: Yes
Septum Midline:Yes
Septum Intact: Yes
Drainage/Discharge:No
Polyps: No
Nose Comments:

Mouth

Lesions:No
Oral/Buccal Mucosa:Yes
Gums Normal: Yes
Tonsils Present: Yes
Tonsils Normal: Yes
Pharynx: Normal Color
Teeth Poor Dentition: No
Teeth Count:Mostly Present
Dentures: No
Mouth Comments:

Cranial Nerves:

Intact II-XII: Yes
Cranial Nerves Comments:

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Neck:

Full ROM: Yes
Masses/Nodes: No
Trachea: Midline
Thyroid: Normal Size
Comments:

Breasts: Not Done

Instructions for Self Breast Exam Given: No
Comments: deferred

Thorax:

Contour Normal: Yes
Increased AP Diameter: No
Asymmetrical Expansion: No
Lungs Clear: Yes
Wheezes: No
Crackles: No
Rhonchi: No
Rales: No
Accessory Muscle Use: No
Comments:

Spine:

Deformity: No
Full ROM: Yes
Tenderness: No
Comments:

Cardiovascular:

RRR: Yes
Normal S1/S2: Yes
Murmurs: No
Carotid Bruits: No
JVD: No
Arteries:

Right**Left**

Radial:
Femoral:
Dorsalis Pedis:
Post. Tibialis:

Comments:

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Abdomen:

Normal Contour: Yes
Scaphoid: No
Obese: No
Gravid: No
Hernias: No
Bruits: No
Masses: No
Scars: No
Tenderness: No
Organomegaly: No
Active Bowel Sounds: Yes
Comments:

Extremities:

Nails Clubbing: No
Nails Cyanosis: No
Lower Extremity Edema - Right: None
Lower Extremity Edema - Left: None
Atrophy: No
Amputations: No
Other Deformities: No
Varicosities: Yes
Calf Tenderness: No
Pulse Deficit: No

Strength:	<u>Right</u>	<u>Left</u>
Arm:		
Leg:		
Full ROM:	<u>Right</u>	<u>Left</u>
Arm:	Yes	Yes
Leg:	Yes	Yes

Comments: Inmate with bilateral subclavian vein stenosis

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Facility:	LEW	Unit:	C02
Encounter Date:	10/10/2022 09:13						

Reflexes:RightLeft**Biceps:****Patellar:****Brachioradialis:****Achilles:****Sensation:****Vibratory:** Yes**Light Touch:** Yes**Pin Prick:** Yes**Comments:****GU:****Chaperoned By:****Rectum: Not Done****Comments:** deferred**Male Genitalia: Not Done****Comments:** deferred**Skin:****Normal:** Yes**Rash:** No**Redness:** No**Abnormal Pigmentation:** No**Abnormal Lesions/Growths:** No**Comments:****Lymphatics:****Adenopathy:** No**Comments:****Potential Items For Follow-up:****Item**

Seizure History

Carcinoma/Lymphoma - Lymphoma, Non-Hodgkins

Other Infectious Disease History

Substance Abuse History

Current Painful Condition

Breasts Not Done

Varicosities

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Ayers, Jessie PA-C	Facility: LEW	Unit: C02
Encounter Date: 10/10/2022 09:13			

Item

Rectum Not Done

Male Genitalia Not Done

PPD Administration Not Performed

Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

Health Problem**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		10/19/2022	Routine
Specific reason(s) for request (Complaints and findings):				
pre-op				

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 10/10/2022 09:21

Requested to be cosigned by Edinger, Andrew MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Ayers, Jessie PA-C	Race:	WHITE
Encounter Date:	10/10/2022 09:13			Facility:	LEW

Cosigned by Edinger, Andrew MD/CD on 10/11/2022 09:12.

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: 03/04/2022

Induration: 0mm

Last Chest X-Ray Date:

Results:

TB Treatment:

Sx free for 30 days: Yes

TB Follow-up Recommended: No

Transfer To:

Transfer Date: 09/19/2022

Health Problems

StatusHealth Problem

Herpes zoster (shingles)

Current

Post-traumatic stress disorder

Current

Chronic embolism and thrombosis of vein

Current

bilateral subclavian vein stenosis; complicated by bilateral thoracic outlet syndrome

Current

No Diagnosis

Current

Pain, unspecified

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

None

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments:

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
09/14/2022	00:00	Sick Call/Triage	MLP 02
09/16/2022	00:00	Sick Call/Triage	MLP 04
03/04/2023	00:00	PPD Administration	Nurse

Non-Medication Orders:

No Data Found

Active Alerts:

No Data Found

Consultations:

Pending Institutional Clinical Director Action

No Data Found

Pending UR Committee Action

No Data Found

Pending Regional Review Action

No Data Found

Pending Scheduling

Consultation/Procedure Requested: Specialty Procedure - Offsite

Subtype: Specialty Procedure - Offsite

Location: Offsite

Ordered Date: 08/12/2022

Scheduled Target Date: 08/24/2022

Level Of Care: Medically Necessary - Non-Emergent

Reason for Request: Please schedule Bilateral Breast Excisional Biopsy with Breast Surgeon. Last seen by Breast Surgeon on 8/8/2022.

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Provisional Diagnosis: Bilateral Breast Masses and Nipple Discharge

Pending Consultation
No Data FoundPending Results
No Data FoundSickle Cell:
Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Comments:

Screenings:**COVID-19****Exit Summary**

Yes: Vital Signs w/O2 sat recorded in flowsheet

No: Cough, Shortness of Breath, Fatigue, Body aches, Sore throat, Diarrhea, Headache, Loss of taste or smell, Nausea or vomiting, Pre-Release/Transfer Quarantine, COVID Test Result (Results/Date: Negative 9/16/2022), History of COVID Isolation, COVID-19 Janssen vaccine received, COVID-19 Pfizer vaccine received, COVID-19 Moderna vaccine received

Allergies

No Known Allergies

Recent Vaccine HistoryVaccineGiven DateAdministeredCOVID-19 Pfizer-BioNTech Vaccine
COVID-19 Pfizer-BioNTech Vaccine09/22/2021 15:16
08/31/2021 15:16History Of
History OfDevices / Equipment
No Data Found**Travel:**Direct Travel: NoTravel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Phone Number: 2155214000Transfer From Institution: PHILADELPHIA FDCAddress 1: 700 ARCH STREETAddress 2: City/State/Zip: PHILADELPHIA, Pennsylvania
19106Name/Title of Person Completing Form: Laughingwell, Raeph (MAT) MD Date: 09/16/2022Inmate Name: SAMSEL, RYAN STEPHEN Reg #: 28332-509 DOB: 09/03/1983 Sex: M

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 09/01/2022	End Date: 10/20/2022
Reg #: 28332-509	Inmate Name: SAMSEL, RYAN STEPHEN

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/29/2022	13:37 LEW	97.2	36.2		Parnass, Mark DMD
Orig Entered: 09/29/2022 13:38 EST Parnass, Mark DMD					

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/10/2022	09:15 LEW	71			Ayers, Jessie PA-C
Orig Entered: 10/10/2022 09:16 EST Ayers, Jessie PA-C					
09/29/2022	13:37 LEW	73			Parnass, Mark DMD
Orig Entered: 09/29/2022 13:38 EST Parnass, Mark DMD					

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/10/2022	09:15 LEW	134/84				Ayers, Jessie PA-C
Orig Entered: 10/10/2022 09:16 EST Ayers, Jessie PA-C						
09/29/2022	13:37 LEW	134/84	Right Arm			Parnass, Mark DMD
Orig Entered: 09/29/2022 13:38 EST Parnass, Mark DMD						

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
10/10/2022	09:15 LEW	71.0	180.3	Ayers, Jessie PA-C
Orig Entered: 10/10/2022 09:16 EST Ayers, Jessie PA-C				

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
10/10/2022	09:15 LEW	192.0	87.1		Ayers, Jessie PA-C
Orig Entered: 10/10/2022 09:16 EST Ayers, Jessie PA-C					

**Bureau of Prisons
Health Services
PPDs**

Inmate Name: SAMSEL, RYAN STEPHEN

Reg #: 28332-509

<u>Admin:</u>	<u>Location</u>	<u>Provider</u>	<u>Reading:</u>	<u>Induration</u>	<u>Provider</u>
03/01/2022 16:59	Left Forearm	Kistler, R. NP	03/04/2022 13:54	0 mm	Pena-Silva, Isabel RN, IOP/IDC
Orig Entered:	03/01/2022 17:03 EST	Kistler, R. NP	Orig Entered:	03/04/2022 13:54 EST	Pena-Silva, Isabel RN, IOP/IDC
01/30/2021 12:47	Left Forearm	Pena-Silva, M. RN	02/01/2021 13:50	0 mm	Harris, S. RN
Orig Entered:	01/30/2021 12:53 EST	Pena-Silva, M. RN	Orig Entered:	02/01/2021 13:51 EST	Harris, S. RN

Total: 2

**Federal Bureau of Prisons
SCREENINGS**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Laughingwell, Raeph (MAT)	Facility: PHL	Unit: Z01
Encounter Date: 09/16/2022 15:05			

Screenings:

COVID-19

Exit Summary

Yes: Vital Signs w/O2 sat recorded in flowsheet

No: Cough, Shortness of Breath, Fatigue, Body aches, Sore throat, Diarrhea, Headache, Loss of taste or smell, Nausea or vomiting, Pre-Release/Transfer Quarantine, COVID Test Result (Results/Date: Negative 9/16/2022), History of COVID Isolation, COVID-19 Janssen vaccine received, COVID-19 Pfizer vaccine received, COVID-19 Moderna vaccine received

Cosign Required: No

Completed by Laughingwell, Raeph (MAT) MD on 09/16/2022 15:08.

**Bureau of Prisons
Health Services
Pain Management**

End Date: 10/20/2022
Inmate Name: SAMSEL, RYAN STEPHEN

Post Provider
Dorman, Joshua

Begin Date: 09/01/2022
Reg #: 28332-509

<u>Date</u>	<u>Type</u>	<u>Location</u>	<u>Pre</u>	<u>Intervention</u>
10/02/2022 06:59	Throbbing	Face	6	Ibuprofen

Orig Entered: 10/02/2022 07:01 EST Dorman, Joshua Paramedic

**Bureau of Prisons
Health Services
Allergies**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

<u>Allergy</u>	<u>Date Noted</u>	<u>Reaction</u>
No Known Allergies	01/30/2021	

Orig Entered: 01/30/2021 12:48 EST Pena-Silva, M. RN

Total: 1

**Bureau of Prisons
Health Services
Alerts**

Inmate Name: SAMSEL, RYAN STEPHEN

Reg #: 28332-509

Start Date Stop Date Comments

Alert

Name Change - Alias

02/16/2021 08:28 EST

Ocampo, Jeanne
CPHIMS Health
Informatics Specialist

02/16/2021 05/17/2021 70060-066 to
28332-509
register number changed in Sentry on 02-12-2021.

Total: 1

**Bureau of Prisons
Health Services
Patient Education Assessments & Topics**

Reg #: 28332-509 Inmate Name: SAMSEL, RYAN STEPHEN

Assessments

<u>Assessment Date</u> <u>Learns Best By</u>	<u>Primary Language</u>	<u>Years of Education</u> <u>Barriers To Education</u>
Total: 0		

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
10/02/2022	Counseling	Plan of Care	Verbalizes Understanding	Dorman, Joshua
Inmate advised to use cool compresses on right side of face to help reduce swelling.				
Orig Entered: 10/02/2022 07:20 EST		Dorman, Joshua		
09/29/2022	Handout	Dental Extractions - Post-operative Care	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Risk vs. benefit of treatment	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Procedural Risk	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Post-operative Care	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Oral Hygiene Instructions	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Diagnosis	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark
09/29/2022	Counseling	Access to Care	Verbalizes Understanding	Parnass, Mark
09/29/2022	Orig Entered: 09/29/2022 14:21 EST	Parnass, Mark	Verbalizes Understanding	Parnass, Mark

Total: 8

**Bureau of Prisons
Health Services
Health Problems**

Inmate Name: SAMSEL, RYAN STEPHEN

Reg #: 28332-509

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
herpes zoster (shingles) 04/21/2022 15:24 EST Edinger, Andrew MD/CD		ICD-10	B029	04/21/2022	Current	
Post-traumatic stress disorder 02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	F4310	02/01/2021	Current	
Chronic embolism and thrombosis of vein 04/21/2022 15:24 EST Edinger, Andrew MD/CD bilateral subclavian vein stenosis; complicated by bilateral thoracic outlet syndrome		ICD-10	I8291	04/21/2022	Current	
Periapical abscess with sinus 09/29/2022 13:46 EST Parnass, Mark DMD # 3		ICD-10	K046	09/29/2022	Current	
No Diagnosis 02/01/2021 13:18 EST Conlon, Kristin Ph.D.	I	DSM-IV	No Dx	02/01/2021	Current	
Pain, unspecified 02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	R52	02/01/2021	Current	
Resolved						
Quarantine - asymptomatic person in quarantine 05/25/2022 07:25 EST Laughingwell, Raeph (MAT) MD		ICD-10	Z0489-q	03/01/2022	Resolved	05/25/2022
03/02/2022 08:32 EST Dalmasi, Odeida (MAT) MD/CD		ICD-10	Z0489-q	03/01/2022	Current	
02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	Z0489-q	02/01/2021	Current	

Total: 7

**Bureau of Prisons
Health Services
COVID-19 AG**

Begin Date: 09/01/2022	End Date: 10/20/2022
Reg #: 28332-509	Inmate Name: SAMSEL, RYAN STEPHEN

(Reference Range - Negative)

<u>Effective Date</u>	<u>COVID-19 AG</u>		<u>Provider</u>
09/16/2022 13:47 PHL	Negative	Asymptomatic	Britton, Ebony LPN

Orig Entered: 09/16/2022 13:48 EST Britton, Ebony LPN

Total: 1

**Bureau of Prisons
Health Services
Immunizations**

Begin Date: 09/01/2022		End Date: 10/20/2022						
Reg #: 28332-509		Inmate Name: SAMSEL, RYAN STEPHEN						
<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>Drug Mfg.</u>	<u>Lot #</u>	<u>Dose #</u>	<u>Exp Date</u>
Hepatitis A and B (TwinRx)	1983	History Of						
Orig Entered: 10/10/2022 09:16 EST		Ayers, Jessie PA-C						
Measles/Mumps/Rubella Series 1983		History Of						
Orig Entered: 10/10/2022 09:16 EST		Ayers, Jessie PA-C						
Smallpox Series		History Unknown						
Orig Entered: 10/10/2022 09:16 EST		Ayers, Jessie PA-C						
Tdap	1983	History Of						
Orig Entered: 10/10/2022 09:16 EST		Ayers, Jessie PA-C						
Varicella Series		History Unknown						
Orig Entered: 10/10/2022 09:16 EST		Ayers, Jessie PA-C						
Total: 5								

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment Exp. Date: _____
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:**Work Restriction / Limitation:**Cleared for Food Service: YesX No Restrictions

Comments: N/A

Ayers, Jessie PA-C

10/10/2022

Date

Health Services Staff

Inmate Name: SAMSEL, RYAN STEPHEN Reg #: 28332-509 Quarters: C02**ALL EXPIRATION DATES ARE AT 24:00**

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: LEW--LEWISBURG USP	Begin Date: 09/01/2022	End Date: 10/20/2022
Inmate: SAMSEL, RYAN STEPHEN	Reg #: 28332-509	Quarter: C02-213U

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Ibuprofen 400 MG Tab

take 1-2 tablets by mouth 3 times a day

Rx#: 227804-LEW

Doctor: Parnass, Mark DMD

Pharmacy Dispensings: 12 TAB in 3 days

Start: 10/02/22

Exp: 10/05/22

**Bureau of Prisons
Health Services
Dental Health History Screen**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Parnass, Mark DMD	Facility: LEW	Unit: C02
Encounter Date: 09/29/2022 13:25			

ASSESSMENTS:**Health Problems as of Dental Health History Encounter date: 09/29/2022 13:25**

<u>Health Problem</u>	<u>Status</u>
Herpes zoster (shingles)	Current
Post-traumatic stress disorder	Current
Chronic embolism and thrombosis of vein bilateral subclavian vein stenosis; complicated by bilateral thoracic outlet syndrome	Current
No Diagnosis	Current
Pain, unspecified	Current
Quarantine - asymptomatic person in quarantine	Resolved

Medical History as of Dental Health History Encounter date: 09/29/2022 13:25**Medical History:****Allergies:** Denied**Seizures:****Type:** Unknown**Frequency:** > 1 per year**Age of Onset:****Last Seizure:** 7 - 12 months**Comments:** States he had a head injury in March 2021 and had a seizure right afterwards. States he had another seizure in June, none since then.

States he was taking meds but doesn't remember what.

Diabetes: Denied**Cardiovascular:** Denied**CVA:** Denied**Hypertension:** Denied**Respiratory:** Denied**Sickle Cell Anemia:** Denied**Carcinoma/Lymphoma:**

<u>Primary Site</u>	<u>Current Treatment</u>	<u>Past Treatment</u>	<u>Diagnosed</u>
Lymphoma, Non-Hodgkins	None	Surgery	

Comments: States he was receiving oncology follow up every 30 days.

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Parnass, Mark DMD	Facility:	LEW	Unit:	C02
Encounter Date:	09/29/2022 13:25						

HIV History:

When Tested: 2008
Test Result: Negative

When Diagnosed AIDS:**Last CD4:**

Comments: Inmate states that he has thoracic outlet syndrome and gland-granular growth of male breast tissue. He states that he is scheduled to have plastic surgery to remove the gland.

He states that his attorney has all his medical records. He is asked to contact his attorney and arrange to deliver all his medical records to the FDC.

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments:**Other Health Issues:**

Other Medical Conditions And Treatment:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Observations as of Dental Health History Encounter date: 09/29/2022 13:25

History:

Alcohol: No
Methamphetamine: No
Tobacco products: No
Other drugs: No
Sensitive teeth: No
Bleeding gums: Yes
Food impaction: No
Pain around ear: No
Toothache: No
Wear partial dentures: No
Unusual sounds while eating: No
Snoring: No

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Parnass, Mark DMD	Facility: LEW	Unit: C02
Encounter Date: 09/29/2022 13:25			

Blisters on lips or mouth:	No
Clenching or grinding:	No
Swelling or lumps in mouth/throat:	No
Burning tongue:	No
Bad breath:	No
Decayed teeth:	No
Loose teeth:	No
Wear dentures:	No
None:	No
Comments:	
Cardiac Condition Requiring Prophylaxis:	No
Prosthetic joint(s):	No
Radiation history of head or neck:	No
Excessive bleeding:	No
Bisphosphonates:	No
Comments:	

Medications as of Dental Health History Encounter date: 09/29/2022 13:25

Medications:

None

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Parnass, Mark DMD on 09/29/2022 13:26

**Bureau of Prisons
Health Services****Dental Soap/Admin Encounter - Administrative Note**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Parnass, Mark DMD	Facility:	LEW	Unit:	C02
Note Date:	10/04/2022 13:05						

Reviewed Health Status: Yes

Administrative Note encounter performed at Dental Clinic.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Parnass, Mark DMD

I called the Block to have the inmate sent down to dental to be evaluated from Clinical encounter note From J Dorman. The block officer called me back and stated the Inmate said he was not in pain any more or swollen and didn't need to be seen by dental. The block officer was told to tell the inmate if he has any more issues with the extraction to place a sick call slip.

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Parnass, Mark DMD on 10/04/2022 13:08

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 09/29/2022 13:24

Sex: M Race: WHITE
Provider: Parnass, Mark DMD

Reg #: 28332-509
Facility: LEW
Unit: C02

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 Provider: Parnass, Mark DMD

Chief Complaint: Swelling

Subjective: " My Tooth hurts on my upper right it hurts to chew and hot and cold it needs to be pulled"

Pain Location:

Pain Scale: 8

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Dental Findings:

Tooth

#3

Bone Loss (Radiological Observation/Findings)(yes)

Caries (Radiological Observation/Findings)(yes)

Surface: Mesial, Occlusal, Distal

Draining Fistula Tract (Clinical Observation/Findings)(yes)

Furcation Defect (Radiological Observation/Findings)(yes)

Periapical Radiolucency (Radiological Observation/Findings)(yes)

Positive Percussion Test (Clinical Observation/Findings)(yes)

Sensitive to Provoking Stimuli (Clinical Observation/Findings)(yes)

Swelling in Vestibule (Clinical Observation/Findings)(yes)

3 Positive to percussion Distal fracture, draining Fistulas tract. Discussed options with inmate,
Inmate wants Extraction,

ASSESSMENTS:

Periapical abscess with sinus, K046 - Current - # 3

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/29/2022	13:37 LEW	97.2	36.2		Parnass, Mark DMD

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/29/2022	13:37 LEW	73			Parnass, Mark DMD

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Parnass, Mark DMD		Facility: LEW
Encounter Date: 09/29/2022 13:24			Unit: C02

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------	---------------	-----------------

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/29/2022	13:37	LEW 134/84	Right Arm			Parnass, Mark DMD

Dental Anesthesia

Type	Location	Amount
Articaine 4% 1:100,000 epinephrine	Posterior Superior Alveolar	1 Cartridge
Articaine 4% 1:100,000 epinephrine	Infiltration	1/2 Cartridge

PROCEDURE:

Dental Procedures Materials Discussed: yes Radiograph(s) Reviewed: yes

Universal Protocol Followed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#3	Extraction, Erupted Tooth	Completed
Review medical history, BP check, Temp Check, Pre Rinse With Preop 2.65 % Hydrogen Peroxide, Inmate screened per Covid-19 Guidelines all symptoms Negative. Pre op x ray taken. # 3 Intra oral swelling and periapical pathology, Confirm non restorable D 7 MM Pocket. Review & sign consent & time out. # 3 Elevate and Forceps extraction due to Fracture and Periapical Pathology, curette out cyst, copious irrigation, compress socket, Placed Heliplug, 1-4-0 Figure eight vicryl suture. Post Operative instructions given.		
#3	Suturing of Oral Wound	Completed
#3	Examination, Limited	Completed
#3	Periapical Radiograph	Completed

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

Assisted By Kelly Hunselman DA.

Patient was informed of today's procedure, benefits and risks were explained, understanding was confirmed, and consent for the procedure and use of local anesthetic was granted prior to care.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/29/2022	Counseling	Access to Care	Parnass, Mark	Verbalizes Understanding
09/29/2022	Counseling	Diagnosis	Parnass, Mark	Verbalizes Understanding
09/29/2022	Counseling	Oral Hygiene Instructions	Parnass, Mark	Verbalizes Understanding
09/29/2022	Counseling	Post-operative Care	Parnass, Mark	Verbalizes Understanding

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Parnass, Mark DMD	Facility: LEW	Unit: C02
Encounter Date: 09/29/2022 13:24			

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/29/2022	Counseling	Procedural Risk	Parnass, Mark	Verbalizes Understanding
09/29/2022	Counseling	Risk vs. benefit of treatment	Parnass, Mark	Verbalizes Understanding
09/29/2022	Handout	Dental Extractions - Post-operative Care	Parnass, Mark	Verbalizes Understanding

Copoly Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Parnass, Mark DMD on 09/29/2022 14:21



Federal
Bureau of
Prisons

U.S. Medical Center for Federal Prisons
1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name SAMSEL, RYAN
Reg # 28332-509
DOB 09/03/1983
Sex M

Facility USP Lewisburg
Order Unit R01-001L
Provider Andrew Edinger, MD

Collected 10/18/2022 08:04 EDT
Received
Reported 10/18/2022 08:04 EDT
LIS ID 262222575

REFUSAL / REJECT / CANCEL

Inmate refused, the following tests have been canceled:

Hep B Surface Ag, Hep B Surface Ab, Hep B Core Ab Total, Hep C Ab, HIV 1/2
Complete

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Page 1 of 1

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Encounter Date: 10/18/2022 08:05

Sex: M
Provider: Lab Result Receive

Reg #: 28332-509
Race: WHITE
Facility: LEW

Cosigned by Edinger, Andrew MD/CD on 10/18/2022 11:37.

BP-A0358 MEDICAL TREATMENT REFUSAL (Rechazo de Tratamiento Médico) CDFRM
JUN 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

10/18/22

Date

(Fecha)

I, Samsel, Ryan 28332-509, refuse treatment recommended
Name and Registration Number (Nombre y Número de Registro) (rechaza el tratamiento recomendado)
by the Federal Bureau of Prisons Medical staff for the following condition(s):
por el Personal Médico del Bureau Federal de Prisiones, por las siguientes razones:

DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

Blood draw to ensure your current health status and preventative treatments.

The following treatment(s) was/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):

SAMSEL, RYAN
28332-509 09/03/1983 M
LEW C02-213U SST-Cobash



262222575-H

BSAG, BSAB, BCAB, HCV, HIV

dical staff members have carefully explained to me that the following
: complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las
posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar
tratamiento):

Deterioration of your current health status which could cause undetectable illness, increased
illness, and possibly death.

I understand the possible consequences and/or complications, listed above, and still refuse recommended
treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the
Bureau of Prisons and its employees from any and all liability for respecting and following my
expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehúso
al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física
o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause
de respetar y seguir mis expresos deseos y direcciones.)

Patient's Signature and Date (Firma del Paciente y Fecha)

T. Harvey Jr

Signature of Witness and Date (Firma del Testigo y Fecha)

Signature of Witness and Date (Firma del Testigo y Fecha)

Record Copy - Inmate's Medical Record; Copy - Hospital File; Copy - To Inmate

10/18/22, 7:10 AM

StatRad Exam Requisition

**USP Lewisburg LEW**

Patient: **SAMSEL, RYAN (Male)**
Register#: **28332-509**
Date: **10/17/22 09:02**
Slicecount: **2**
History: **pre-op**
Priors:
Exams: **FILM CXR 2 VIEWS**
Referring Phy: **AYERS**
Ordering Phy:
Ordering Phy #:
Accession Numbers: **1.2.840.113619.2.203.4.2147483647.1666007733.80477**

DOB: **09/03/83**
Age: **39**
Status: **OP**

Final Report**Exam: FILM CXR****Chest PA and lateral views****INDICATION: see above****COMPARISON: None****FINDINGS:****The cardiomedialastinal silhouette is within normal limits.****Lungs are clear. No pleural effusions.****No acute osseous abnormality. Bony elements are within normal limits for age.****IMPRESSION:****No acute cardiopulmonary disease.****Lungs are clear.****Heart size normal.**

Radiologist: **Farhad Khorashadi, MD**

Study ready at 09:03 and initial results transmitted at 11:13

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Scanned Date: 10/18/2022 07:50 EST

Sex: M

Reg #: 28332-509
Race: WHITE
Facility: LEW

Reviewed by Edinger, Andrew MD/CD on 10/18/2022 12:05.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Laughingwell, Raeph	Facility: PHL	Unit: Z01
Note Date: 06/29/2022 13:59			

Cosign Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Laughingwell, Raeph (MAT) MD

Preliminary communication for Vascular Surgery consultation performed on 6/28/2022 received and reviewed today. Await final consultation report.

Requests made by consultant: CXR, Mammogram, and Ultrasound of left breast. Follow up with General Surgery in about 4 weeks, after completion of requested imaging.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		06/30/2022	Routine
Specific reason(s) for request (Complaints and findings):				
Bilateral Subclavian Venous Obstruction				

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	07/06/2022	07/06/2022	Routine	No	
Subtype:					
Offsite Radiology Exam					
Reason for Request:					
Please perform Bilateral Screening Mammogram					
Radiology	07/06/2022	07/06/2022	Routine	No	
Subtype:					
Offsite Radiology Exam					
Reason for Request:					
Please perform Ultrasound of left breast, complete.					
General Surgery	07/26/2022	07/26/2022	Routine	No	
Subtype:					
Offsite Appt					
Reason for Request:					
Follow up visit. Last seen on 6/28/2022. Please schedule with Dr. Melissa Lazar.					
Schedule this appointment after completion of requested imaging.					

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Laughingwell, Raeph (MAT) MD on 06/29/2022 14:12

Samsel, Ryan # 28332-509

Get:

- Chest XR
- B/L mammogram
- L breast US

F/u w/ Dr. Lazar

To make an appt w/ Dr Lazar: 215-503-2346

Follow up here w/ Dr. Abai again AFTER
Seeing Dr. Lazar

**After Visit Summary
for
Ryan Samsel
Date of Birth: 9/3/1983**

Your visit provider today was: Babak Abai, MD

Your primary care provider is: No Pcp

Thank you for choosing Jefferson Health!

Caring for you during your stay has been a privilege! We take your trust in Jefferson very seriously. Every person who meets you recognizes it as our responsibility to you as our patient.

Patient Experience Survey

No one knows better than you about your experience here as our patient. Your opinions matter to us. We listen very carefully to our patients' views to have a positive impact on how we deliver care. Please take a few minutes once you get home to help us to better understand **YOUR** patient experience. You may receive a survey form in the mail which provides you with the opportunity to tell us what we did well and where we need improvement. Your feedback is very important in our pursuit of service excellence.

Today your visit was with: Jefferson Vascular Center - Center City. For questions regarding your visit please call: Phone: 215-955-8304.

If you have non-medically related questions or concerns, please call the Office of Patient and Family Services at

Center City Jefferson Office of Patient and Family Experience at (215) 955-7777

or

Methodist Hospital Patient Relations/Services at (215) 952-9987

or

Jefferson New Jersey Patient and Family Experience at (609) 744-2055

or

Abington Lansdale Office of Patient Experience/Advocacy (215) 361-4861

or

Abington Memorial Office of Patient Experience/Advocacy (215) 481-2499

or

Jefferson Health Northeast Patient Relations (215) 612-4669

Jefferson Health MyChart

Our records indicate that your Jefferson Health MyChart account has been deactivated. If you would like to reactivate your account, please e-mail MyChart@Jefferson.edu or call our MyJeffersonHealth help line at 215-503-5700.

This document contains sensitive information and should be kept in a safe place



Jefferson Health.

AFTER VISIT SUMMARY

Ryan Samsel DOB: 9/3/1983

6/28/2022 10:00 AM

Jefferson Vascular Center - Center City 215-955-8304

Fax: 215-503-4983

Instructions from Babak Abai, MD

Ryan will obtain a chest XR, bilateral mammogram, and L breast US and then see Dr. Melissa Lazar. Following his appointment with Dr. Lazar he will follow up with Dr. Abai.

To make an appointment with Dr. Lazar call: 215-503-2346



Referrals made today

X-ray chest 2 views, frontal and lateral

To schedule imaging services at any of our Jefferson Health locations - Please call 215-481-EXAM (3926)

For Jefferson Outpatient Imaging - Please call 215-503-4900
PA: Center City, Navy Yard, Collegeville, East Norriton, Malvern & Northeast
NJ: Washington Township & Marlton

BI mammogram screening digital bilateral
Imaging and Radiology Appointment Requests

To schedule imaging services at any of our Jefferson Health locations - Please call 215-481-EXAM (3926)

For Jefferson Outpatient Imaging - Please call 215-503-4900
PA: Center City, Navy Yard, Collegeville, East Norriton, Malvern & Northeast
NJ: Washington Township & Marlton

BI ultrasound breast complete left
Imaging and Radiology Appointment Requests

To schedule imaging services at any of our Jefferson Health locations - Please call 215-481-EXAM (3926)

For Jefferson Outpatient Imaging - Please call 215-503-4900
PA: Center City, Navy Yard, Collegeville, East Norriton, Malvern & Northeast
NJ: Washington Township & Marlton



Return in about 4 weeks

(around 7/26/2022) for Obtain chest XR, mammogram and breast US. F/u w Dr. Melissa Lazar before returning to Dr. Abai.

Outpatient Care Team

No Pcp PCP - General

190 NORTH INDEPENDENCE MALL WEST SUITE 701 PHILADELPHIA
Pennsylvania 19106 Philadelphia PA 19102

Today's Visit

You saw Babak Abai, MD on Tuesday June 28, 2022. The following issues were addressed:

- Screening mammogram for breast cancer



Blood Pressure
122/76



BMI
28.98



Weight
185 lb



Height
5' 7"



Pulse
74



Oxygen Saturation
99%

MyJeffersonHealth MyChart

Our records indicate that your Jefferson Health MyChart account has been deactivated. If you would like to reactivate your account, please e-mail MyChart@Jefferson.edu or call our MyJeffersonHealth help line at 215-503-5700.

Allergies

• Not on File

Jefferson Health Community Resource

Do you need food, medical care, housing, transportation or other services? Check out our searchable database - CommunityResource.JeffersonHealth.org - for free and low-cost services close to you.

Changes to Your Medication List as of June 28, 2022 12:47 PM

You have not been prescribed any medications.



**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Scanned Date: 06/29/2022 09:09 EST

Sex: M

Reg #: 28332-509
Race: WHITE
Facility: PHL

Cosigned with New Encounter Note by Laughingwell, Raeph (MAT) MD on 06/29/2022 13:59.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Race:	WHITE	Reg #:	28332-509
Date of Birth:	09/03/1983	Provider:	Laughingwell, Raeph	Facility:	PHL	Unit:	Z01
Note Date:	07/25/2022 09:57						

Cosign Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Laughingwell, Raeph (MAT) MD

Final consultation report from 6/28/2022 received and reviewed today. All recommendations already addressed. Imaging and referral appointments have been scheduled.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Laughingwell, Raeph (MAT) MD on 07/25/2022 09:58

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: SAMSEL, RYAN STEPHEN	Sex: M	Race: WHITE	Reg #: 28332-509
Date of Birth: 09/03/1983	Provider: Dalmasi, Odeida (MAT)	Facility: PHL	Unit: Z01
Note Date: 07/21/2022 13:09			

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Dalmasi, Odeida (MAT) MD/CD

Inmate refused x-ray.

Discontinued Radiology Request Orders:

Details

Frequency

End Date

Due Date

Priority

General Radiology-Chest-2 Views

One Time

06/30/2022

Routine

Specific reason(s) for request (Complaints and findings):

Bilateral Subclavian Venous Obstruction

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dalmasi, Odeida (MAT) MD/CD on 07/21/2022 13:10

**Bureau of Prisons
Health Services
PPDs**

Reg #: 28332-509 **Inmate Name:** SAMSEL, RYAN STEPHEN

<u>Admin:</u>	<u>Location</u>	<u>Provider</u>	<u>Reading:</u>	<u>Induration</u>	<u>Provider</u>
03/01/2022 16:59	Left Forearm	Kistler, R. NP	03/04/2022 13:54	0 mm	Pena-Silva, Isabel RN,IOP/IDC
Orig Entered: 03/01/2022 17:03 EST		Kistler, R. NP	Orig Entered: 03/04/2022 13:54 EST		Pena-Silva, Isabel RN,IOP/IDC
01/30/2021 12:47	Left Forearm	Pena-Silva, M. RN	02/01/2021 13:50	0 mm	Harris, S. RN
Orig Entered: 01/30/2021 12:53 EST		Pena-Silva, M. RN	Orig Entered: 02/01/2021 13:51 EST		Harris, S. RN

Total: 2

**Bureau of Prisons
Health Services
Allergies**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

Allergy

No Known Allergies

Date Noted

01/30/2021

Reaction

Orig Entered: 01/30/2021 12:48 EST Pena-Silva, M. RN

Total: 1

**Bureau of Prisons
Health Services
Alerts**

Reg #: 28332-509 Inmate Name: SAMSEL, RYAN STEPHEN

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Comments</u>
Name Change - Alias 02/16/2021 08:28 EST Ocampo, Jeanne CPHIMS Health Informatics Specialist	02/16/2021	05/17/2021	70060-066 to 28332-509 register number changed in Sentry on 02-12-2021.

Total: 1

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 28332-509

Inmate Name: SAMSEL, RYAN STEPHEN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
--------------------	-------------	------------------	-------------	-------------------	---------------	--------------------

Current

Herpes zoster (shingles) 04/21/2022 15:24 EST Edinger, Andrew MD/CD		ICD-10	B029	04/21/2022	Current	
Post-traumatic stress disorder 02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	F4310	02/01/2021	Current	
Chronic embolism and thrombosis of vein 04/21/2022 15:24 EST Edinger, Andrew MD/CD bilateral subclavian vein stenosis; complicated by bilateral thoracic outlet syndrome		ICD-10	I8291	04/21/2022	Current	
No Diagnosis 02/01/2021 13:18 EST Conlon, Kristin Ph.D.	I	DSM-IV	No Dx	02/01/2021	Current	
Pain, unspecified 02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	R52	02/01/2021	Current	

Resolved

Quarantine - asymptomatic person in quarantine 05/25/2022 07:25 EST Laughingwell, Raeph (MAT) MD		ICD-10	Z0489-q	03/01/2022	Resolved	05/25/2022
03/02/2022 08:32 EST Dalmasi, Odeida (MAT) MD/CD		ICD-10	Z0489-q	03/01/2022	Current	
02/01/2021 08:26 EST Laughingwell, Raeph MD		ICD-10	Z0489-q	02/01/2021	Current	

Total: 6

08/11/2022 THU 10:31 FAX

0001/003

28332.509

Jefferson.

FAX

Jefferson Breast Center
1100 Walnut Street, 3rd Floor
Philadelphia, Pa 19107
Cindy Caruso
Surgical Coordinator
215-503-1635 phone
215-955-9526 fax
Cynthia.caruso@jefferson.edu

To: LIZ MEDICAL RECORDS

Fax: 215-521-7252

Date: 08/10/22

Re: RYAN SAMSEL

DOB: 9/3/83

From: Cindy Caruso

Fax: (215) 955-9526

Phone: (215) 503-1635

Cc:

Office Visit With Dr. Melissa Lazar

*Surgery instructions
& Post op Appt.*

Jefferson Breast Center
1100 Walnut St, 3rd Floor
Philadelphia, Pa 19107

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002/003

08/11/2022 THU 10:31 FAX

**Jefferson.**

JEFFERSON BREAST CARE CENTER
 Surgical Scheduling Department
 Cynthia Caruso
 Phone: (215) 955-1635
 Fax: (215) 955-9526
 Cynthia.Caruso@jefferson.edu

JEFFERSON
SURGICAL CENTER

SURGERY DATE: [REDACTED]

PT NAME: Ryan SamuelsDOB: 9.3.83

You have been scheduled for a surgical procedure at Jefferson Surgical Center (1100 Walnut Street, Philadelphia, PA 19107). The Jefferson Surgical Center is located one block south of the main hospital building at the southwest corner of 11th & Walnut Streets (Medical Office Building) on the 2nd Floor.

PREADMISSION TESTING APPOINTMENT: Bypass

MEDICAL CONSULTS: ☐ N/A ☐ Cardiac ☐ Medical ☐ Pulmonary ☐ Other

SPECIAL TESTS: ☐ N/A ☐ Ultrasound ☐ CT ☐ MRI ☐ X-Ray ☐ Office Procedure

Please call Laura to 215-955-9526
CBC & BMP

ESCORT

You are responsible for having an escort to take you home after your surgery and for arranging for assistance at home for the first night. Depending on the nature of your surgery, the average stay at Jefferson Surgical Center, from arrival to discharge, is approximately four hours. If you are having sedation with your surgery and you do not have an escort, we will not perform your surgery.

ARRIVAL TIME

Your doctor will schedule a tentative time for your surgery, but this time may be changed up until the day prior to your surgery. A Jefferson Surgical Center nurse will call you on the day before your surgery to review instructions and give you an exact time to arrive. (Patients scheduled for Monday surgery will be contacted on Friday). If you have not spoken to a nurse by 2:00 PM, please call us at 215-955-4230 for your instructions.

** You can call at 2pm for time **

CLOTHING

We suggest you wear comfortable, loose fitting clothing. When you arrive in the pre-operative area, you will be given a garment bag for your clothing. Since these bags will not be in a secure area, please do not wear any jewelry or bring other valuables. Do not wear any contact lenses, makeup, mascara or lipstick. Bring your insurance cards.

EATING AND DRINKING

On the evening prior to surgery, you may eat a light dinner and drink liquids until 12:00 midnight. After 12:00 midnight, do not eat any solid food.

MEDICATIONS

During your pre-operative visit it is important to inform the nurse of all medications you take daily. The nurse will then instruct you about which medications to take prior to your surgery. Please discontinue medications such as, Advil, Aleve, arthritis medication, Aspirin, Excedrin, fish oil, Motrin or Vitamin E, one week prior to surgery. Consult with your prescribing physician if you are taking blood thinners, diabetes, and/or heart medication. Tylenol is allowable.

REFERRAL NEEDED: ☒ No ☐ Yes: (You will require two (2) referrals, one for your surgeon and one for the Surgery Ctr.)

POST-OP APPOINTMENT

Usually this appointment can be made for 2-3 weeks after your surgery. You will be told in the discharge process by the hospital staff a time frame for this appointment. If the appointment is anything other than 2-3 weeks please call ME immediately to reschedule.



08/11/2022 THU 10:31 FAX

003/003



Jefferson Breast Center, Center City
1100 Walnut Street, 3rd Floor
Philadelphia, PA 19107
T 215-955-6999
F 215-617-3925

August 11, 2022

Ryan Samsel
2090 Columbiana Rd
Birmingham, AL 35216

This letter is to confirm the following appointment for Ryan Samsel:

Reason for Visit:	Post-op
Date:	[REDACTED]
Time:	[REDACTED]
Arrival Time:	
Reason for Early Arrival:	
Provider:	Melissa A Lazar, MD
Address:	1100 Walnut Street, 3rd Floor
Department:	Jefferson Breast Center, Center City
Phone:	215-955-6999
Instructions:	Please bring any insurance information and a copayment if required by your insurance company.

If for any reason you are unable to keep this appointment, please contact the office at 215-955-6999 to reschedule.

You can access your medical information, lab results and billing information online at <https://my.jeffersonhealth.org>

As always, your care team and physician look forward to your visit. You can check-in to your appointment at one of the Welcome kiosks in the sign-in area or with the front desk staff.

Sincerely,
Patient Service Specialist for Melissa A Lazar, MD.

08/11/2022 THU 10:15 FAX

001/006

28332.509

 **Jefferson.**

FAX

Jefferson Breast Center
1100 Walnut Street, 3rd Floor
Philadelphia, Pa 19107
Cindy Caruso
Surgical Coordinator
215-503-1635 phone
215-955-9526 fax
Cynthia.caruso@jefferson.edu

To: LIZ MEDICAL RECORDS

Fax: 215-521-7252

Date: 08/10/22

Re: RYAN SAMSEL

DOB: 9/3/83

From: Cindy Caruso

Fax: (215) 955-9526

Phone: (215) 503-1635

Cc:

Office Visit With Dr. Melissa Lazar

Jefferson Breast Center
1100 Walnut St, 3rd Floor
Philadelphia, Pa 19107

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08/11/2022 THU 10:16 FAX

002/006

Samsel, Ryan (MRN 404355336) DOB: 09/03/1983

Encounter Date: 08/08/2022



Jefferson Health.

Samsel, Ryan

MRN: 404355336

Office Visit 8/8/2022Jefferson Breast Center, Center
City

Provider: Melissa A Lazar, MD (Breast Surgery)

Primary diagnosis: Nipple discharge in male

Reason for Visit: Breast Pain • Breast Mass • Nipple Discharge; Referred by
Melissa A Lazar, MD**Progress Notes**

Melissa A Lazar, MD (Physician) • Breast Surgery

Name: Ryan Samsel

DOB: 9/3/1983

MRN: 404355336

Date: 08/08/22

This is a new patient visit to the Jefferson Breast Care Center for this 38 y.o. man who presents with bilateral breast masses and left bloody nipple discharge.

History of Present Illness: Mr. Samsel is a 38 y.o. man who presents for evaluation of bilateral breast masses as well as left nipple discharge. This has been going on for some time. He previously saw Dr. Jared Liebman at Einstein. Mr. Samsel has a history of venous thoracic outlet syndrome and recently saw Dr. Abal. He told Dr. Abal about the left nipple discharge and he was referred to the Jefferson breast Center. Mr. Samsel underwent a bilateral diagnostic mammogram and bilateral breast ultrasounds on 08/02/2022. Imaging showed moderate bilateral gynecomastia. There were no suspicious findings seen. Of note, he did have left nipple discharge during his recent breast imaging. He states that he has left nipple discharge almost every day. It is a mixture of blood and pus. He previously was on antibiotics (Bactrim). He occasionally has some right-sided nipple discharge. He denies a family history of breast cancer.

Past Medical History:**Past Medical History:****Diagnosis**

Date

- Bloody discharge from nipple
- Breast mass
- Breast pain in male

Past Surgical History:**Past Surgical History:****Procedure**

Laterality

Date

- LYMPH NODE DISSECTION

08/11/2022 THU 10:16 FAX

0003/006

Encounter Date: 08/08/2022

Samsel, Ryan (MRN 404355336) DOB: 09/03/1983

Current Medications:

No current outpatient medications on file.

Allergies:

Not on File

Family History:**Family History Problem**

- Cancer
- Cancer (Prostate)
- Other
died from covid 19
- No Known Problems

Relation
Mother
Father
Father

Age of Onset

Sister

Social History:**Social History****Socioeconomic History**

- Marital status: Unknown
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

Concern

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Social Connections: Not on file
 Intimate Partner Violence: Not on file
 Housing Stability: Not on file

08/11/2022 THU 10:16 FAX

0004/006

Encounter Date: 08/08/2022

Samsel, Ryan (MRN 404355336) DOB: 09/03/1983

Review of Systems: He denies any HEENT, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, hematologic, endocrine or integumentary complaints. He complains of bilateral breast masses and nipple discharge.

Physical Exam:

Vitals:

08/08/22 1147
 BP: 118/69
 Pulse: 78
 Resp: 18
 Temp: 98.7 °F (37.1 °C)
 SpO2: 96%

General: Mr. Samsel is an alert, oriented, well-nourished, well-developed man who appears his stated age.

HEENT: normocephalic/atraumatic, neck supple, no lymphadenopathy, clear conjunctiva, non-icteric.

Extremities: no deformity, cyanosis or significant edema.

Breast: His breasts are symmetrical. Both nipples are everted. I am unable to express discharge from either the right or left nipple. There is some dense tissue present in the bilateral retroareolar regions. There are prominent veins on the upper outer left breast and near his shoulder.

Lymph Nodes: There is no cervical, supraclavicular, or axillary lymphadenopathy bilaterally.

Imaging:

- Bilateral diagnostic mammogram and bilateral breast ultrasound dated August 2, 2022.

EXAM TYPE: Bilateral diagnostic digital mammogram with tomosynthesis
 Left breast limited ultrasound
 Right breast limited ultrasound
 EXAM 08/02/2022 1:10 PM
 DATE/TIME: 08/02/2022 1:49 PM
 08/02/2022 1:59 PM

IMPRESSION:

1. No suspicious mammographic findings in either breast, noting moderate bilateral gynecomastia. Given the patient's persistent symptoms of bloody nipple discharge, which was expressed during the current imaging, clinical evaluation by a breast surgeon should be considered for further assessment and treatment.

08/11/2022 THU 10:16 FAX

Samsel, Ryan (MRN 404355336) DOB: 09/03/1983

Encounter Date: 08/08/2022 0005/006

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound an ultrasound targeted to the upper outer right breast and left axilla was performed

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral

Right

Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.

Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right

Right

Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression: A 38 y.o. man who presents for evaluation of bilateral breast masses and nipple discharge.

Discussion and Plan: I discussed with Mr. Samsel that there were no suspicious findings seen on his recent breast imaging. There were no dilated ducts in the retroareolar breast to account for the nipple discharge. He does have moderate gynecomastia. Given that he continues to have the nipple discharge, I think that it is reasonable to undergo surgical excision of the breast tissue in the retroareolar region bilaterally. I will be scheduling Mr. Samsel in the near future for a bilateral breast excisional biopsy. All his questions were answered. He was instructed to call the office with any questions or concerns prior to his next visit.

08/11/2022 THU 10:16 FAX

0005/006

Samsel, Ryan (MRN 404355336) DOB: 09/03/1983

Encounter Date: 08/08/2022

Melissa Lazar MD
Assistant Professor of Surgery
Thomas Jefferson University Hospital

Instructions

AVS - INFUSION (Printed 8/8/2022), AVS - Outpatient (Automatic SnapShot taken 8/10/2022)

Additional Documentation

Vitals: BP 116/69 (BP Location: Right arm, Patient Position: Sitting) Pulse 78
Temp 98.7 °F (37.1 °C) (Oral) Resp 16 Ht 1.829 m (6') Wt 82.7 kg (182 lb 4.8 oz) SpO2 96%
BMI 24.72 kg/m² BSA 2.05 m² More Vitals

Flowsheets: Vitals Reassessment

Encounter Info: Billing Info, History, Allergies

Communications

✉ Letter sent to Babak Abai, MD
Sent 8/10/2022

Pharmacy Benefits

No pharmacy benefits on file.

Orders Placed

None

Medication Changes

As of 8/10/2022 12:37 PM

None

Medication List at End of Visit

As of 8/10/2022 12:37 PM

None

Visit Diagnoses

Primary: Nipple discharge in male N64.52
Gynecomastia N62

28332.509

**Jefferson.****JEFFERSON HEALTH****Jefferson-Honickman Breast Imaging****Thomas Jefferson University Hospital**

1100 Walnut Street • Philadelphia, PA 19107

215.952.9169 patient representative

215.481.EXAM (3926) scheduling • 215.923.7651 fax

Dear Ryan Samse
Date of breast imaging: 8-2-22Date of birth: 9-3-83

This letter summarizes the results of your mammography/ultrasound examination. A report will be sent to your referring physician or other health care provider.

FINDINGS

- ☒ No suspicious findings or changes.
- ☐ Finding(s) requiring additional attention.

RECOMMENDATIONS

- ☐ Routine screening mammography is recommended: ☐ in 1 year, ☐ starting at age 40, ☐
- ☐ Supplemental screening with whole-breast (**complete**) ultrasound should be considered.
- ☐ Supplemental screening with breast MRI should be considered.
- ☒ Clinical follow-up with your referring physician is recommended to address your stated symptoms.

Not all cancers are visible on mammography or ultrasound. A breast lump or other area of clinical concern, which is not explained by imaging studies, may still require further tests.

- ☐ Follow-up ☐ right ☐ left ☐ **diagnostic** mammogram ☐ **diagnostic** mammogram with contrast
- ☐ ultrasound ☐ MRI will be due:
- ☐ in 6 months.
- ☐ at the time of your next annual mammogram.
- ☐

Please make your appointment at the Jefferson Health Women's Diagnostic Center and contact your referring provider for a prescription for the exam. A referral may be required by your insurance plan. Please note this result letter is not a prescription.

- ☐ Additional imaging studies are needed to complete this evaluation:
- ☐ Breast MRI
- ☐ **Limited** breast ultrasound (☐ right ☐ left)
- ☐ **Diagnostic** mammogram (☐ right ☐ left) ☐ with contrast
- ☐ Comparison with prior breast imaging is needed. Please bring or mail a CD with your prior breast imaging to the Women's Diagnostic Center (address above).
- ☐ A needle biopsy is recommended to obtain samples for pathological analysis to ensure the finding is benign (not cancer):
- ☐ Ultrasound guided biopsy (☐ right ☐ left)
- ☐ Stereotactic biopsy (☐ right ☐ left)
- ☐ MRI guided biopsy (☐ right ☐ left)

Please refer to procedure checklist for more information.

- ☐ Consultation with a breast surgeon is recommended.

Please continue on back.

YOUR BREAST DENSITY

Dense breast tissue is very common and is not abnormal, but dense breast tissue can make it harder to find cancer on a mammogram. Also, dense breast tissue may increase your breast cancer risk. Use this report when you talk to your doctor about your own risks for breast cancer, which includes your family history. At that time, ask your doctor if more screening tests might be useful, based on your risk.

Your mammogram shows that you:

- ☐ Do NOT have dense breast
- ☐ almost entirely fatty
 - ☐ scattered areas of fibroglandular density
- ☐ DO have dense breast
- ☐ heterogeneously dense
 - ☐ extremely dense.

Please understand that assessment of breast density may vary from year to year. We are reporting breast density information in compliance with Pennsylvania Breast Density Notification Act of 2013.

This notice contains the results of your recent mammogram, including information about breast density. If your mammogram shows that your breast tissue is dense, you should know that dense breast tissue is a common finding and is not abnormal. Statistics show many women could have dense or highly dense breasts. Dense breast tissue can make it harder to find cancer on a mammogram and may be associated with an increased risk of cancer. This information about the result of your mammogram is given to you to raise your awareness and to inform your conversations with your physician. Together, you can decide which screening options are right for you, based on your mammogram results, individual risk factors or physical examination. A report of your results was sent to your physician.

YOUR INTERPRETING RADIOLOGIST:

- | | | |
|--------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Sarah Kamel, M.D. | <input type="checkbox"/> Theresa Kaufman, D.O. | <input type="checkbox"/> Chhavi Kaushik, M.D. |
| <input type="checkbox"/> Lydia Liao, M.D. | <input type="checkbox"/> Suzanne Pascarella, D.O. | <input type="checkbox"/> Alexander B. Sevrakov, M.D. |
| <input checked="" type="checkbox"/> Jason Shames, M.D. | <input type="checkbox"/> Annina N. Wilkes, M.D. | <input type="checkbox"/> Lisa Zorn, M.D. |
| <input type="checkbox"/> Ripple Patel, D.O. | | |

Staff/resident physician initials: _____

American College of Radiology Recommendations for Breast Cancer Screening for Women of Average Risk*

- Women age 40 and older (who have no symptoms) should have an annual mammogram.
- Screening with mammography should continue as long as the woman is in good health and is willing to undergo additional testing (including biopsy) if an abnormality is detected.
- If you are or may be at high risk for breast cancer, you should speak with your doctor to decide if additional screening tests might be right for you.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: SAMSEL, RYAN STEPHEN
Date of Birth: 09/03/1983
Scanned Date: 08/09/2022 11:46 EST

Sex: M

Reg #: 28332-509
Race: WHITE
Facility: PHL

Cosigned by Laughingwell, Raeph (MAT) MD on 08/10/2022 07:41.

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-21-2022
Date

I, RYAN SAMSEL 28332-509, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Bilateral subclavian venous obstruction

The following treatment(s) was/were recommended:

CXR

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

Inmate refused and no reason was provided.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

DALMASI, ODEIDA (MAT) 7-21-2022
Counseled by Date

X Inmate refused to sign
Patient's Signature Date

7/21/22

Carroll 7-21-22
Signature of Witness Date

PHL-PHILADELPHIA FOC

**FEDERAL BUREAU OF PRISONS
DENTAL SERVICES
INVASIVE DENTAL PROCEDURES**

Verified Patient Identification (two required) X Full Pt Name X Reg Number Photo ID Armband

Consent Form Explained in: X English Spanish Other Language

You have a right to be informed about your diagnosis, the planned treatment, the possible risks involved, and alternatives to treatment so that you may make an informed decision as to consenting to undergo the procedure(s) described below:

Procedure:

Pull out upper right 1 st Molar.

Extraction of Tooth # 3 Due to non Restorable decay and Fracture.

Alternatives to Treatment:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Loss of function
4. Health complications beyond the present problem
5. Other:

Possible complications which have been explained to me (circle the number of all that apply):

- 1 Continued or increased pain.
- 2 Swelling and infection.
- 3 Bruising, which may be prolonged, as a result of the procedure or from the injection of local anesthetic.
- 4 Injury to adjacent teeth, restorations, or soft tissues.
- 5 Scarring, tissue necrosis or alteration in appearance.
- 6 Nerve injury, paresthesia, or residual numbness which may be of undeterminable duration or even permanent.
- 7 Prolonged bleeding which could require further treatment or intervention.
- 8 Dry socket (alveolitis-pain occurring for a few days after the extraction).
- 9 Decision to leave a small piece of tooth root in the jaw when its removal would increase the risk of complications.
- 10 Maxillary sinus involvement due to upper tooth roots, tooth fragments, or instruments going into the sinus possibly resulting in a small opening (fistula).
- 11 Bone/jaw fractures may rarely occur, particularly with lower third molars.
- 12 Sharp ridges or bone splinters which may require additional surgery to smoothen the area.
- 13 Temporomandibular joint disorder (jaw problem), muscle soreness or restricted opening of the mouth.
- 14 Loss of tooth or teeth and/or restorations.
- 15 Fracture of tooth or root and/or restorations.
- 16 Discoloration of tooth.
- 17 Perforation of the root or the floor of the pulp chamber.
- 18 Endodontic file breaking or separating in root canal.
- 19 Inability to locate, access or fill a canal or canals.
- 20 Adverse drug reactions or allergies.
- 21 Rare complications may include nerve or blood vessel injury, allergic or unexpected drug reactions, pneumonia, heart attack, stroke and/or death.
22. Other:

I RYAN SAMSEL, Register Number 28332-509, consent to the procedure described above.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

The above information has been explained to me in a language I can understand. Applicable alternative treatment approaches have been explained to me. I am aware of the potential risks and complications associated with the procedure. I understand that the B.O.P. is not obligated to replace any teeth extracted during or as a result of this procedure and that I should follow the dentist's instructions as to post-operative care taking medications as prescribed. I voluntarily give this consent and recognize that I can withdraw it at any time prior to the beginning of the procedure. I have had the opportunity to discuss and ask questions about my treatment and have verified the procedure and site.

Patient's Signature Kelly Hunsel Date/Time 9-29-22 1:41 PM

Dentist's Signature [Signature] Date/Time 9/29/24 13

USP LEWISBURG DENTAL CLINIC Kelly Hunsel DA 9-29-22 1341
Time-Out Witness Name Date/Time

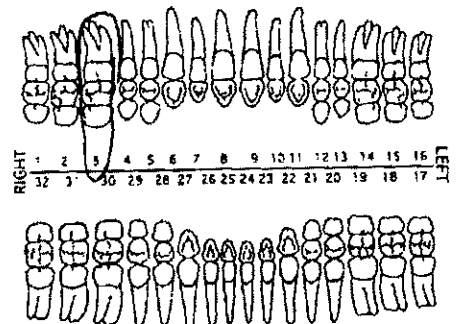
Parnass, Mark DMD
Dentist's Name

TIME OUT TAKEN TO VERIFY TOOTH/TEETH AND/OR TREATMENT AREA

Patient asked to indicate in the mouth and on the chart which tooth/teeth to be treated and/or to verify oral area as stated above.

Patient and team members initial that the Time Out was verified:

Patient [Signature] Date 9-29-22 Time 1:41 PM
Dentist [Signature] Date 9/29/22 Time 1:38
Witness [Signature] Date 9-29-22 Time 1:39



SAMSEL, RYAN STEPHEN

28332-509

LEW-LEWISBURG USP

09/13/2022 TUE 13:16 FAX
09/13/2022 13:42 2155217252

FDC PHLMEDICA:RECORD

001/002
PAGE 03/04

Federal Detention Center
P.O. Box 572
Philadelphia, PA 19105
Health Services
Phone: 215-521-7253
Fax: 215-521-7252

**FEDERAL BUREAU
OF PRISONS**

Fax

28332-509

TO:	DC Jail - Medical Records	From:	Liz S
Fax:	202-544-2568	Pages:	
Phon	202-698-0443	Date	9/13
Re:	Samsel, Ryan DOB: 9/3/1983	cc:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Comments:

Thank you!!!

NO RECORDS
For dates requested

09/13/2022 TUE 13:16 FAX
09/13/2022 13:42 2155217252

FDC PHLMEDICA:RECORD

002/002
PAGE 04/04

BP-A0821
Nov 12

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

U.S. Department of Justice

Federal Bureau of Prison

Certification of Identity

Privacy Act Statement. In accordance with 28 CFR Section 166.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the record of individuals who are the subject of US Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, US Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (110370016), Washington, DC 20503.

Full Name Of Currently or Previously Incarcerated Individual SAMSEL, RYAN STEPHEN	Register Number 28332-509	Current Address
Date of Birth 09/03/1983	Place of Birth	Social Security Number

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to

☐ release information to, OR ☒ obtain information from

Name/Facility: DC Jail

Address:

City, State, Zip:

I understand the information is to be used for (specific reason for release of information):

☒ Continuation of care, or ☐ Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from (dates): 09/12/2021 to 09/12/2022

This is to include:

☐ Complete Record☐ Discharge Summary☐ History & Physical☐ Operative Reports☐ Consultations☐ Progress Notes☐ X-ray Reports☐ Pathology Reports☐ Laboratory Reports☐ Actual Films☐ Actual Slides☐ Will be returned OR☐ Duplicates accepted☐ Will be returned OR☐ Duplicates accepted☒ Other: Medication list

Signature



Date

9-13-22

Signature of current or formerly incarcerated individual requesting the release of his/her records.

PHL-PHILADELPHIA FDC

Prescribed by P6031

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983			Race:	WHITE
Scanned Date:	09/13/2022 14:26 EST			Facility:	PHL

Cosigned by Laughingwell, Raeph (MAT) MD on 09/13/2022 15:00.

29

BP-A0621
Nov 12**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

U.S. Department of Justice

Federal Bureau of Prison**Certification of Identity**

Privacy Act Statement. In accordance with 28 CFR Section 166.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the record of individuals who are the subject of US Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, US Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (110370016), Washington, DC 20503.

Full Name Of Currently or Previously Incarcerated Individual SAMSEL, RYAN STEPHEN	Register Number 28332-509	Current Address
Date of Birth 09/03/1983	Place of Birth	Social Security Number

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000, or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to

☐ release information to, OR ☒ obtain information from

Name/Facility: DC Jail

Address:

City, State, Zip:

I understand the information is to be used for (specific reason for release of information):

☒ Continuation of care, or ☐ Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from (dates): 09/12/2021 to 09/12/2022

This is to include:

☐ Complete Record
☐ Consultations
☐ Laboratory Reports

☐ Discharge Summary
☐ Progress Notes

☐ History & Physical
☐ X-ray Reports
☐ Actual Films

☐ Will be returned OR
☐ Duplicates accepted

☐ Operative Reports
☐ Pathology Reports
☐ Actual Slides
☐ Will be returned OR
☐ Duplicates accepted

☒ Other: Medication list

Signature

[Signature]

Date

9-13-22

Signature of current or formerly incarcerated individual requesting the release of his/her records.

PHL--PHILADELPHIA FDC

Prescribed by P6031

Federal Detention Center
P.O. Box 572
Philadelphia, PA 19105
Health Services
Phone: 215-521-7253
Fax: 215-521-7252

**FEDERAL BUREAU
OF PRISONS**

Fax

TO: DC Jail -- Medical Records

From: Liz S

Fax: 202-544-2568

Pages:

Phon 202-698-0443

Date 9/13

Re: Samsel, Ryan DOB: 9/3/1983

cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Thank you!!!

TRANSMISSION VERIFICATION REPORT

TIME : 09/13/2022 13:54
 NAME : FDC PHLMEDICA:RECORD
 FAX : 2155217252
 TEL : 2155217253
 SER.# : BROA5V549101

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

09/13 13:53
 92025442568
 00:00:47
 04
 OK
 STANDARD
 ECM

Federal Detention Center
 P.O. Box 572
 Philadelphia, PA 19105
 Health Services
 Phone: 215-521-7253
 Fax: 215-521-7252

**FEDERAL BUREAU
 OF PRISONS**

Fax

TO: DC Jail – Medical Records

From: Liz

Fax: 202-544-2568

Pages:

Phon 202-698-0443

Date 9/1

Re: Anderson, Tyra DOB: 1/29/1993

cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Thank you!!!



Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Visit date: 8/8/2022

28332-509

08/08/2022 Office Visit in Jefferson Breast Center, Center City

Progress Notes

Physician

Progress Notes by Melissa A Lazar, MD at 8/8/2022 1130

Author: Melissa A Lazar, MD
Filed: 8/10/2022 12:49 PM
Editor: Melissa A Lazar, MD (Physician)

Service: —
Encounter Date: 8/8/2022

Author Type: Physician
Status: Signed

Name: Ryan Samsel
DOB: 9/3/1983
MRN: 404355336

Date: 08/08/22

This is a new patient visit to the Jefferson Breast Care Center for this 38 y.o. man who presents with bilateral breast masses and left bloody nipple discharge.

History of Present Illness: Mr. Samsel is a 38 y.o. man who presents for evaluation of bilateral breast masses as well as left nipple discharge. This has been going on for some time. He previously saw Dr. Jared Liebman at Einstein. Mr. Samsel has a history of venous thoracic outlet syndrome and recently saw Dr. Abai. He told Dr. Abai about the left nipple discharge and he was referred to the Jefferson breast Center. Mr. Samsel underwent a bilateral diagnostic mammogram and bilateral breast ultrasounds on 08/02/2022. Imaging showed moderate bilateral gynecomastia. There were no suspicious findings seen. Of note, he did have left nipple discharge during his recent breast imaging. He states that he has left nipple discharge almost every day. It is a mixture of blood and pus. He previously was on antibiotics (Bactrim). He occasionally has some right-sided nipple discharge. He denies a family history of breast cancer.

Past Medical History:

Past Medical History:

Diagnosis:

- Bloody discharge from nipple
- Breast mass
- Breast pain in male

Past Surgical History:

Past Surgical History:

Procedure:

- LYMPH NODE DISSECTION

Current Medications:

No current outpatient medications on file.

Allergies:

Not on File

Generated on 8/18/22 9:22 AM


Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Visit date: 8/8/2022

08/08/2022 Office Visit in Jefferson Breast Center, Center City (continued)

Progress Notes (continued)

Family History:

Family History

Problem

- Cancer
- Cancer (Prostate)
- Other
- died from covid 19
- No Known Problems

Relation

Mother
Father
Father
Sister

Age of Onset

Social History:

Social History

Socioeconomic History

- Marital status: Unknown
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file
- Concern

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

- Financial Resource Strain: Not on file
- Food Insecurity: Not on file
- Transportation Needs: Not on file
- Physical Activity: Not on file
- Stress: Not on file
- Social Connections: Not on file
- Intimate Partner Violence: Not on file
- Housing Stability: Not on file

Review of Systems: He denies any HEENT, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, hematologic, endocrine or integumentary complaints. He complains of bilateral breast masses and

Generated on 8/18/22 9:22 AM



Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107.

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Visit date: 8/8/2022

08/08/2022 Office Visit in Jefferson Breast Center, Center City (continued)

Progress Notes (continued)

nipple discharge.

Physical Exam:

Vitals:

08/08/2022 1:47
BP: 116/69
Pulse: 78
Resp: 16
Temp: 98.7 °F (37.1 °C)
SpO2: 98%

General: Mr. Samsel is an alert, oriented, well-nourished, well-developed man who appears his stated age.

HEENT: normocephalic/atraumatic, neck supple, no lymphadenopathy, clear conjunctiva, non-icteric.

Extremities: no deformity, cyanosis or significant edema.

Breast: His breasts are symmetrical. Both nipples are everted. I am unable to express discharge from either the right or left nipple. There is some dense tissue present in the bilateral retroareolar regions. There are prominent veins on the upper outer left breast and near his shoulder.

Lymph Nodes: There is no cervical, supraclavicular, or axillary lymphadenopathy bilaterally.

Imaging:

- Bilateral diagnostic mammogram and bilateral breast ultrasound dated August 2, 2022.

EXAM TYPE: Bilateral diagnostic digital mammogram with tomosynthesis
Left breast limited ultrasound
Right breast limited ultrasound

EXAM DATE/TIME: 08/02/2022 1:10 PM
08/02/2022 1:49 PM
08/02/2022 1:59 PM

IMPRESSION:

1. No suspicious mammographic findings in either breast, noting moderate bilateral gynecomastia. Given the patient's persistent symptoms of bloody nipple discharge, which was expressed during the current imaging, clinical evaluation by a breast surgeon should be considered for further assessment and treatment.

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

Generated on 8/18/22 9:22 AM



Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Visit date: 8/8/2022

08/08/2022 Office Visit in Jefferson Breast Center, Center City (continued)

Progress Notes (continued)

INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound an ultrasound targeted to the upper outer right breast and left axilla was performed

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral

Right

Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.

Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right

Right

Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression: A 38 y.o. man who presents for evaluation of bilateral breast masses and nipple discharge.

Discussion and Plan: I discussed with Mr. Samsel that there were no suspicious findings seen on his recent breast imaging. There were no dilated ducts in the retroareolar breast to account for the nipple discharge. He does have moderate gynecomastia. Given that he continues to have the nipple discharge, I think that it is reasonable to undergo surgical excision of the breast tissue in the retroareolar region bilaterally. I will be scheduling Mr. Samsel in the near future for a bilateral breast excisional biopsy. All his questions were answered. He was instructed to call the office with any questions or concerns prior to his next visit.

Melissa Lazar MD
Assistant Professor of Surgery
Thomas Jefferson University Hospital



Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Visit date: 8/8/2022

08/08/2022 Office Visit in Jefferson Breast Center, Center City (continued)

Progress Notes (continued)

Electronically signed by Melissa A Lazar, MD at 8/10/2022 12:49 PM

Documents

After Visit Summary

Document on 8/10/2022 12:49 PM

Clinical date/time: 8/10/2022 1249
Description: AVS - Outpatient

User: Melissa A Lazar, MD

Document (below)

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Sex:	M	Reg #:	28332-509
Date of Birth:	09/03/1983			Race:	WHITE
Scanned Date:	09/07/2022 11:40 EST			Facility:	PHL

Cosigned by Laughingwell, Raeph (MAT) MD on 09/07/2022 17:08.

28332-509

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Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Acct #: 52099458
Adm: 8/2/2022, D/C: 8/2/2022

08/02/2022 - BI TOMOSYNTHESIS DIAGNOSTIC DIGITAL BILATERAL in JEFFERSON UNIVERSITY HOSPITAL
BREAST IMAGING

Imaging

Imaging

BI mammogram diagnostic digital tomosynthesis bilateral [393420578] (Final result)

BI mammogram diagnostic digital tomosynthesis bilateral [393420578] Resulted: 08/02/22 1315, Result status: Final result

Order status: Completed
Filed by: Jason P. Shames, MD 08/02/22 1421
Accession number: E07851378
Resulted by: Jason P. Shames, MD
Performed: 08/02/22 1242 - 08/02/22 1310
Resulting lab: IMAGING

Narrative:
INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound an ultrasound targeted to the upper outer right breast and left axilla was performed

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral

Right

Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.

Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right

Right

Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression:

1. No suspicious mammographic findings in either breast, noting moderate bilateral gynecomastia. Given the patient's persistent symptoms of bloody nipple discharge, which was expressed during the current imaging, clinical evaluation by a breast surgeon should be considered for further assessment and treatment.

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

Testing Performed By

Generated on 8/8/22 6:49 AM

Page 1


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Thomas Jefferson University
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111 South 11th Street
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PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Acct #: 52099458
Adm: 8/2/2022, DIC: 8/2/2022

08/02/2022 - BI TOMOSYNTHESIS DIAGNOSTIC DIGITAL BILATERAL in JEFFERSON UNIVERSITY HOSPITAL
BREAST IMAGING (continued)

Imaging (continued)

Lab	Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG		IMAGING	Unknown	Unknown	07/16/14 1411 - Present

Signed

Electronically signed by Jason P. Shames, MD on 8/2/22 at 1421 EDT



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Hospitals, Inc.
111 South 11th Street
Gibson/Suite 1950
PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Acct #: 52099458
Adm: 8/2/2022, D/C: 8/2/2022

08/02/2022 BI ULTRASOUND BREAST LIMITED IN JEFFERSON UNIVERSITY HOSPITAL BREAST IMAGING

Imaging

Imaging

BI ultrasound breast limited left [403844523] (Final result)

Resulted: 08/02/22 1315, Result status: Final result

BI ultrasound breast limited left [403844523]

Order status: Completed
Filed by: Jason P. Shames, MD 08/02/22 1421
Accession number: E07851381

Resulted by: Jason P. Shames, MD
Performed: 08/02/22 1330 - 08/02/22 1349
Resulting lab: IMAGING

Narrative:
INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound an ultrasound targeted to the upper outer right breast and left axilla was performed

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral

Right

Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.

Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right

Right

Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression:

1. No suspicious mammographic findings in either breast, noting moderate bilateral gynecomastia. Given the patient's persistent symptoms of bloody nipple discharge, which was expressed during the current imaging, clinical evaluation by a breast surgeon should be considered for further assessment and treatment.

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG		IMAGING	Unknown	Unknown	07/16/14 1411 - Present

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Jefferson Health.

Thomas Jefferson University
Hospitals, Inc.
111 South 11th Street
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PHILADELPHIA PA 19107

Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Acct #: 52099458
Adm: 8/2/2022, D/C: 8/2/2022

08/02/2022 - BI ULTRASOUND BREAST LIMITED in JEFFERSON UNIVERSITY HOSPITAL BREAST IMAGING
(continued)

Imaging (continued)

Signed

Electronically signed by Jason P. Shames, MD on 8/2/22 at 1421 EDT


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Samsel, Ryan
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Acct #: 52099458
Adm: 8/2/2022, DIC: 8/2/2022

08/02/2022 BI ULTRASOUND BREAST LIMITED in JEFFERSON UNIVERSITY HOSPITAL BREAST IMAGING

Imaging

Imaging

BI Ultrasound breast limited right [403844526] (Final result)

BI Ultrasound breast limited right [403844526]

Resulted: 08/02/22 1315, Result status: Final result

Order status: Completed

Resulted by: Jason P. Shames, MD

Filed by: Jason P. Shames, MD 08/02/22 1421

Performed: 08/02/22 1331 - 08/02/22 1359

Accession number: E07856917

Resulting lab: IMAGING

Narrative:

INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound and ultrasound targeted to the upper outer right breast and left axilla was performed.

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral

Right

Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.

Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right

Right

Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.

Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression:

1. No suspicious mammographic findings in either breast, noting moderate bilateral gynecomastia. Given the patient's persistent symptoms of bloody nipple discharge, which was expressed during the current imaging, clinical evaluation by a breast surgeon should be considered for further assessment and treatment.

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	Unknown	07/16/14 1411 - Present

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Page 5



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Samsel, Ryan
MRN: 404355336, DOB: 9/3/1983, Sex: M
Acct #: 52099458
Adm: 8/2/2022, D/C: 8/2/2022

08/02/2022 - BI ULTRASOUND BREAST LIMITED in JEFFERSON UNIVERSITY HOSPITAL BREAST IMAGING
(continued)

Imaging (continued)

Signed

Electronically signed by Jason P. Shames, MD on 8/2/22 at 1421 EDT

END OF REPORT

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	SAMSEL, RYAN STEPHEN	Reg #:	28332-509
Date of Birth:	09/03/1983	Sex:	M
Scanned Date:	09/07/2022 11:26 EST	Race:	WHITE
		Facility:	PHL

Cosigned by Laughingwell, Raeph (MAT) MD on 09/07/2022 17:07.